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ABSTRACT

The report documents the first stage of an 18-month study to determine the effectiveness of existing California legislation for identification of 3- to 5-year old children with special needs. Local service sites (N=112) responded to a questionnaire which addressed implementation of eligibility criteria at local sites, improvement of the implementation of eligibility criteria, and participant demographic data. Sixteen findings and related recommendations are presented. Recommendations include: provision of training activities to assist in the appropriate identification of preschool children; development of written guidelines specific to the identification of learning-disabled preschool pupils; use of the clinical observation/interview and judgment as well as written guidelines in determining eligibility; review of instruments and procedures used in assessment to ensure their appropriateness; avoidance of over-ethnic representation in the identification process; increased efforts to understand the values and cultures of minority groups; ongoing training to help parents reinforce classroom learning; development and implementation of a student tracking system; and retention of funding for services within special education though such services should be regarded as a regular education alternative. Major chapters cover related research, the study methodology, implementation of eligibility criteria, related findings, and the pilot study. Includes 12 references.
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*An Evaluation of
Preschool Special Education
Non-Intensive Eligibility Criteria*

Stage One

~ Final Report ~

submitted to the

Special Education Division
California State Department of Education
Sacramento, California

by the

Los Angeles County Office of Education
Division of Evaluation, Attendance, and Pupil Services
Downey, California

November 1989

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Executive Summary

Background

The California Education Code Section 56441.12 mandates that "By June 30, 1989, the superintendent shall evaluate the effectiveness of Section 56441.11 for identification of preschool children with exceptional needs and recommend legislative changes as needed." Pursuant to this mandate, the Special Education Division, California State Department of Education, funded a two-stage study to begin January 1, 1989, and end June 30, 1990.

Stage One of the study conducted from January through June 30, 1989, was designed to determine the effectiveness of existing eligibility criteria. A preliminary study designed to determine the efficacy of the methodology and procedures to be subsequently used in the evaluation of the eligibility criteria was conducted. Findings presented below relate to preliminary activities necessary prior to the evaluation of the effectiveness of the eligibility criteria which will be covered in the Stage Two report.

Study Methodology

The Request for Proposal disseminated by the Special Education Division, State Department of Education that announced this study, indicated that certain information regarding the process used to identify 3- through 5-year olds eligible for special education services and their transition to regular programs was of particular interest to the Special Education Division and to members of the State Legislature.

The study team felt that the appropriate source from which to collect the required data would be the members of the local transdisciplinary team where services for these children emanate.

At the time of the initiation of the study, it was found that no comprehensive list of the local sites providing services existed. In need of such information, letters were mailed to all SELPA directors in the state asking that they support the study by sending to the study team the names of the managers, the local sites, and addresses of all the service sites within their respective SELPAs that served these children.

Once this listing was received, a questionnaire, developed by the team, was sent to all the identified local sites to seek answers to the questions asked by the state (N=198) with a 72% return. The questionnaire was followed up with on-site visitations to 66 sites statewide. The purpose of the visitations was to meet with members of the transdisciplinary teams and to have them expand on the information that they provided in their returned questionnaires. The sites visited were randomly selected by size and region. Questions asked in the questionnaire and during site visitations focused on the following areas:

- Implementation of eligibility criteria at local sites
- Improvement of the implementation of eligibility criteria
- Participant demographic data

Major Findings and Recommendations

Findings and recommendations presented below relate to preliminary activities necessary prior to the evaluation of the effectiveness of the eligibility criteria specifically. Findings and recommendations dealing with the evaluation of the effectiveness of the eligibility criteria will be covered in the Stage 2 report.

Eligibility Criteria

1. Finding

A pilot study designed to determine the efficacy of the methodology and procedures to be employed in a study to evaluate the effectiveness of the eligibility criteria used for the identification of preschool children with exceptional needs has demonstrated that the subsequent study will yield relevant data.

Recommendation

It is recommended that the pilot study be expanded to include sites representative of both the geographic and ethnic diversity of the state. It is further recommended that the handicapping condition of "Learning Disabled" be included along with the "Language/Speech" handicapping condition. Finally, it is recommended that the study incorporate more clinical interview/observation data.

2. Finding

There is general agreement that one of the crucial factors in determining eligibility for preschoolers is close scrutiny of development data/profiles. Such data are, however, not always agreed upon nor utilized uniformly in the decision-making process.

Recommendation

It is recommended that the State Department of Education disseminate normative developmental data for preschool children and provide training activities to assist in the appropriate identification of preschool children in the application of eligibility criteria.

3. Finding

There is general agreement among respondents that it is difficult to identify 3- and 4-year olds as learning disabled [California Administrative Code, Title 5, 3030 (j)]. A majority of sites visited assume normal cognition in determining the required discrepancy and only approximately 10%-20% link such a discrepancy to a psychological processing disorder.

Recommendation

It is recommended that the State Department of Education develop written guidelines specific to the identification of learning disabled preschool pupils. Such guidelines should include:

- 1) Assessment indicators that would support an assumption of normal cognitive functioning.
- 2) Assessment indicators differentiating psychological processing functioning expected of 3- and 4-year olds from functioning deviating from those expectations.

4. Finding

All sites believe that the most effective way to make decisions about children is through a comprehensive approach using data from a variety of sources. However, this practice is not always followed.

Recommendation

It is recommended that the practice of gathering data from a variety of sources relative to the child's total ecology prior to making eligibility decisions be fully implemented.

5. Finding

There is general agreement that eligibility criteria developed and implemented by local site teams in the state are flexible. This is preferable to 86% of the sites while 14% feel that this flexibility can cause eligibility problems.

Recommendation

It is recommended that the criteria used by sites to determine child eligibility conform to that of the state and be written in specific terms, but that clinical observation/interview and judgment be crucial ingredients in the decision-making process.

6. Finding

A total of 253 instruments/procedures were identified as in use by local site assessment teams to determine eligibility into the program.

Recommendation

It is recommended that the local assessment team members carefully review each instrument/procedure used as part of their assessment procedure to assure that the instruments used in the identification of preschool children are appropriate to the population.

7. Finding

Over 80% of the sites visited indicated great difficulty in differentiating between a delay due to a handicapping condition and delays due to other environmental/experiential factors.

Recommendation

It is recommended that experiential factors should be taken into consideration in determining need for and eligibility for special education services especially for 3- and 4-year-old pupils.

8. Finding

Site assessment team members are increasingly concerned over growing numbers of 3- through 5-year-old children who are drug and/or alcohol exposed.

Recommendation

It is recommended that administrators and staff involved in early childhood education receive inservice training specifically for the identification and meeting of instructional needs of drug exposed children who meet eligibility criteria for special education services.

It is further recommended that the site teams refer children identified as suffering from suspected fetal alcohol syndrome or drug exposure to appropriate community agencies/providers for any needed services.

9. Finding

It would appear that Hispanics and Blacks are over-represented in the pool of referrals and that Whites and Others are under-represented in the referral pool.

Recommendation

It is recommended that all sites carefully examine the identification process that they have in place to guard against over-ethnic representation of children from different ethnic groups.

It is further recommended that efforts be made to expand the pool of referrals.

10. Finding

Transdisciplinary teams are making decisions about children whose culture is different than the dominant society. Often standards or expectations for the child conflict with the values of the child's ethnic background.

Recommendation

It is recommended that the concerted effort being made by local school administrators and staff to become well versed in the values and the culture of the minority groups settling in their communities continue.

11. Finding

Local site managers find it difficult to hire certificated language specialists who have a working knowledge of the languages that are being spoken in their communities. This has made it necessary for program managers to hire community members with little or no educational experience to serve as translators/interpreters for the assessment team during the testing period. This has caused some concern among the local assessment team members because it is not known how accurately the translation is taking place; nor does the assessment team know if the translator is giving clues to help the children come up with the correct responses.

Recommendation

It is recommended that local districts who have in attendance children whose language and culture are unique to their community provide inservice training classes for their staff to help them better understand the culture and value system of the ethnic group served.

It is recommended that, whenever community members are hired to serve as interpreters/translators during the assessment process, that these individuals, as well as assessment team members, receive special training on how to perform this important task properly.

12. Finding

In the majority of sites, local staff work closely with parents and provide to them support and training in order that they may reinforce in the home the learning that had taken place in class

Recommendation

It is recommended that all sites provide ongoing training and communication that will permit the parents to reinforce at home the learning that takes place in the classroom.

Preliminary Findings/Recommendations on Transition/Training

13. Finding

Sixty-seven percent of the respondents have a management information system that tracks the placement/transitioning activities of children who meet eligibility criteria for special education services. Thirty-three percent indicated that they do not yet have such a system in operation.

Recommendation

It is recommended that all sites develop and implement a pupil tracking system that will permit the storage and retrieval of information relative to transition and long term pupil placement.

14. Finding

Of the 66 site teams interviewed, 54 indicated that the IEP team determines when a child should transition into regular education (kindergarten), while 12 said that they use chronological age as the sole criterion.

Recommendation

It is recommended that a comprehensive approach be adopted by all sites as a means of determining when a child should be transitioned to the regular education program.

15. Finding

Sixty-four percent of the respondents indicated that there is little or no communication existing between teachers who served the children eligible for special education services and the receiving teacher in the regular program.

Recommendation

It is recommended that a system of communication between the sending and receiving teachers be established in all sites.

16. Finding

The majority of site administrators and staff expressed concern of a possible stigma associated with the label of special education relative to children determined as eligible for these special education services. These individuals reflected similar concerns on the part of the child's parents.

Recommendation

It is recommended that funding for these services be retained within special education but that these services should be considered a regular education alternative. Such a recommendation would require legislative change.

Stage Two

The two major thrusts of Stage Two are:

- to conduct an enlarged state-wide research study to determine the effectiveness of eligibility criteria used by local sites to identify preschool children eligible for special education services.
- to determine the effectiveness of the transition of these pupils into regular programs.

Introduction

Statement of the Problem

In recent years the number of early intervention programs for handicapped children has increased dramatically. Money allocated to state education agencies for the development of preschool programs for children with special needs has gone from 12.5 million dollars in 1978 to approximately 201.0 million dollars in 1988. This increased interest in early intervention has concomitantly increased the level of concern related to the effectiveness of early intervention services for handicapped preschoolers. Notwithstanding, the attention generated by society for accountability and evaluation of service delivery systems utilized by these programs has also intensified.

Legislative Directives

Passage of federal legislation and enactment of California Education Code has enabled expanded special education service to handicapped preschool pupils. This same legislation mandates the evaluation of criteria used to determine eligibility.

56441.12 By June 30, 1989, the superintendent shall evaluate the effectiveness of Section 56441.11 for identification of preschool children with exceptional needs and recommend legislative changes as needed.

The Special Education Division of the State Department of Education has contracted with the Los Angeles County Office of Education to conduct, pursuant to Section 56441.12 of the California Education Code, an evaluation of the effectiveness of the criteria used to establish the eligibility of children between the ages of three through five years who require special education services. An additional component of this evaluation will evaluate the effectiveness of transition of these pupils to regular education.

Stage One (1988-89) - Focus of This Report

The focus of this report is on the results of preliminary activities which needed to occur prior to implementation of an evaluation of the eligibility criteria as identified in Education Code Section 56441.11. These initial activities, which included the administration of a

questionnaire and on-site interviews, were necessary due to a lack of data regarding the location of sites serving children determined to be eligible for services and a lack of knowledge regarding the process/procedure used by sites to implement the determination of eligibility.

This report also describes a pilot study designed to determine the efficacy of the methodology and procedures to be subsequently used in the evaluation of the eligibility criteria.

Findings and recommendations presented in this report relate to the above activities. Those dealing directly with the effectiveness of the eligibility criteria will be covered in the Stage 2 report.

Stage Two (1989-90)

Two major thrusts of Stage Two are:

- To conduct an enlarged state-wide research study to determine the effectiveness of eligibility criteria used by local sites to identify preschool children as eligible for special education instruction and services under the non-intensive eligibility criteria.
- To determine the effectiveness of the transition of these pupils into regular programs.

STAGE ONE REPORT

Related Research

Research conducted by the Early Childhood Assessment Project (1986) out of the University of Minnesota clearly identifies the concerns facing any program which attempts to place preschool-age children in special education classes. This research examined data from the screening of over 45,000 preschool-age children from 402 school districts. Areas covered by the screenings included height, weight, physical health, vision, hearing, fine motor development, gross motor development, speech/language development, social/emotional development, and cognitive development. A tabulation of the data revealed that 31 percent were identified as having a problem and that 24 percent were referred for further assessment.

The percentage of children identified as having problems varied tremendously across the districts surveyed; some finding problems in all children, others finding problems in none. Referrals for further assessment showed similar variability among districts ranging from 0 to 86 percent of the children screened. No consistent pattern of referral rate with respect to district geographic location was found. High referring districts were adjacent to low referring districts with both scattered throughout the state. A further inconsistency was identified in that in some districts almost all referrals were for a single handicapping condition, while in others almost all were for a different handicapping condition.

In attempting to clarify these findings, demographic and education factors which might influence referral rates along with variables directly related to a district's screening practices were examined. No relationship was found to exist between referral rate and any of the social, economic, or educational factors examined. In addition, few systematic differences in screening practices were found to exist. In a further attempt to explain the wide variation in referral rate and the variation in screening area referrals, program coordinators cited factors unique to their own district. However, in each district, different factors influenced the referral rate.

The researchers concluded that the results seem to indicate that "decisions made on the basis of technically inadequate tests must be questioned."

Additional research conducted by Lehr, Ysseldyke, and Thurlow (1986) relating to assessment practices in model early childhood education programs further substantiates the technical inadequacies of most standardized tests used with preschool-age children. In

looking at 52 demonstration projects identified by the Handicapped Children's Early Education Program (HCEEP), a total of 109 tests were identified as currently in use by these model programs. Nineteen tests were used by five or more programs with no single test in use by every program. Of the 19 most commonly used tests, only three were found to be technically adequate with respect to their norming, reliability, and validity. The research did point out, however, that decisions made about children in these model programs were usually based on more than one test and used other methods in the assessment process.

Other methods included information gathered from parents and observations taken during the assessment process, information from teacher/staff input, Individualized Education Program (IEP) reviews, continuous graphing and data collection, and home visits. The researchers noted that "these techniques became especially important when the inadequacy of the tests used is considered." They further stated that, "although the use of these methods appears to be secondary and supplementary to the use of tests in making decisions, the HCEEP model demonstration programs may be shifting toward a comprehensive process of data gathering for making educational decisions" (1986, p. 23).

Transition

The transition of children from special education preschool programs to mainstreamed kindergarten classrooms is an important move. The factors contributing to the success or failure of transitions are multiple and complex. They involve the child, the quality of the sending and receiving programs, as well as the behavior and expectations of the teachers, the family, and the community.

Thurlow (1986) reports that the results of a recent nationwide survey of early childhood programs revealed that the most common criteria for exit from a special preschool program was chronological age. The authors stated that chronological age (e.g., five- and six-year-old) often dictates that children must move on from special preschool to elementary school programs. This criteria, alone, does not guarantee a successful transition.

Future classroom placements for these children are likely to be determined by a number of factors, including assessment instruments. However, there is disagreement among researchers as to the appropriateness of using readiness tests for assigning children to

particular school programs. Researchers (Merseils, 1987; Wood, Powell, & Knight, 1984) claim that readiness tests such as the Gessell School Readiness Test and the Metropolitan Readiness Tests (a) can only display children's present level of academic functioning and general cognitive knowledge, (b) give little information about children's potential for succeeding in school, and (c) should not be used for prediction or placement. Ann Higgins Hains and others (1987) indicate that developmental screening tests such as the McCarthy Screening Test and Early Screening Inventory are constructed to predict children who would be at risk in regular classroom placements. They go on to say that unlike the readiness tests, the screening tests have predictive validity, developmental content, and normative standardization. But interestingly, other researchers caution the use of either school readiness or developmental screening results for young children with special needs in predicting adjustment to future placements because they found that "fairly dramatic changes in screening and assessment outcomes occur from one year to the next" (Thurlow, O'Sullivan, and Ysseldyke, 1986, p. 84).

Hains indicates that "while screening and readiness tests may indicate children's proficiency at academic tasks, the results may not accurately predict children's ability to function in kindergarten. Additional prerequisite skills such as social interaction, attending, and direction following often are not assessed by readiness or screening tests." Research indicates that these academic support skills are important for academic achievement. For example, the behavioral requirements of kindergarten may be an equally important consideration when planning for successful transitions. Children's performance is often influenced by motivational and behavioral factors. Rates of inappropriate behavior usually prevent children from engaging in activities and interactions available to other children. Inappropriate behavior rates, significantly higher than those exhibited by other children in the class, often leads to removal from the class back to special education or to severe restrictions in both social and learning opportunities. Research suggests that children who do not disrupt classroom routines and activities, and who do not require excessive teacher attention are more likely to successfully remain in the regular classroom than are the children who interfere with class management or instruction and require extra attention (Carden-Smith & Fowler, 1983). In addition to the considerations of the children's present developmental skills level and behavioral patterns, there is evidence of stress surrounding kindergarten entry by these children which is often greater than for "normal" children and their families.

Parents and professionals are well aware that a good start in public school is important in shaping the child's attitudes towards the school experience. Both groups are aware of finding the right placement with the proper continuation of special services if required. Hains indicates that "transitions will be more successful for more children if they include careful planning, preparation of the child for transition, cooperative decision-making by parents and professionals, monitoring of the child's adjustment, and continuing communication by all members of the transition team, including parents."

Role of Parents in Successful Transitions

Parents can play an important role in the successful transition of their children from preschool to kindergarten. The roles that they can play include that of a teacher, collaborator or partner, decision-maker, and advocate (Shearer & Shearer, 1977).

The parents serve as teachers by helping their child practice at home some of the skills that their child was introduced to or acquired at school. The parents are collaborators or partners when they work closely with school teachers and other professionals in helping identify their child's needs and the needs of the family to more successfully work with their child. The parents should be encouraged to be decision-makers by actively participating in the development in their child's IEP, and/or help choose a school placement for their child among various placement options. By working closely with these professionals, the two groups can make collaborative decisions regarding the child's transition which reflect the concerns of everyone involved. Parents become advocates by lending support and assistance to the program when necessary.

Role of the Preschool or Sending Teacher

An important role of the sending teacher is to determine what skills the children are expected to demonstrate in kindergarten, and then demonstrating that the children are, in fact, ready to enter kindergarten. Preschool teachers who are successful in preparing their children for transition to kindergarten are those preschool teachers who plan carefully. They visit kindergarten classes in which the child might be placed to identify the special skills expected by the kindergarten teacher and some common routines that the entering child should possess (Cook & Armbruster, 1983). This permits the sending teacher to modify the curriculum so that these expected skills will be acquired by the child prior to entering kindergarten. The skills to be taught become part of the child's IEP. Progress

toward meeting these skills is documented by the teacher and shared with the parent and receiving teacher.

Another important role of the sending teacher is that of a liaison between the preschool and the receiving professionals. By knowing what information will be useful to the receiving team, and when it is required, the sender can have a positive impact on the success of the transitioned child. The preschool teacher needs to keep records of effective materials and activities for the child as well as anecdotes which illustrate how the child has accomplished certain objectives. The successful sending teacher documents topics of high interest to the child, the media which the child enjoys, and reinforcers which have been effective. Other information critical to a successful transition is a listing of community agencies and medical personnel who have been especially helpful for teaching the child. These would be used for future reference if needed.

In addition, the preschool teacher should offer a recommendation for the child's placement. This recommendation, when based upon knowledge of potential classroom gains during the fall visit, personal experience teaching the child, and information gathered from other members of the transition team, would be very useful to the receiving teacher and administrator.

Role of the Kindergarten or Receiving Teacher

The receiving teacher's role in a successful transition is an important one. The attitude and satisfaction demonstrated by the receiving teacher helps bring about the handicapped child's successful integration. Receiving teachers who adjust their behavioral standards and routines to accommodate the child with special needs reduces the stress that the child may experience upon entering the new environment, and helps assure a successful transition (Dwigg, 1981). It is also important that the teacher satisfaction and attitude toward the child be monitored, for this may be critical to determining the success of the child's placement. Ongoing assessment such as this will also help identify additional support services or technical assistance necessary for the child and/or the teacher.

In addition, open communication with the parent by the teacher will be appreciated by parents of a child with special needs. Frequent communication with parents and other primary persons involved with the child's transition will dramatically increase the chances of his/her success.

Role of the Educational Agency

Unsuccessful transitions are often due to the lack of interagency coordination. When children leave the special preschool program and enter kindergarten, they may be moving from one service agency to another agency, or from one program to another program within the agency. Communication between the sending and receiving agencies may be important for ensuring that the child's educational plan continues without serious interruption, that appropriate services are provided, and that the child and parent are satisfied with the program.

Lack of communication between agencies, sending and receiving teachers, and families may jeopardize the years of careful training and education provided to the children in early childhood special education programs.

Study Methodology

The Request for Proposal disseminated by the Special Education Division, State Department of Education that announced this study, indicated that certain information regarding the process used to identify 3- through 5-year olds eligible for special education services under the "Non-Intensive Eligibility Criteria" and their transition to regular programs was of particular interest to the Special Education Division and to members of the State Legislature.

The study team felt that the appropriate source from which to collect the required data would be the members of the local transdisciplinary team where services for these children emanate.

At the time of the initiation of the study, it was found that no comprehensive list of the local sites providing services existed. In need of such information, letters were mailed to all SELPA directors in the state asking that they support the study by sending to the study team the names of the managers, the local sites, and addresses of all the service sites within their respective SELPAs that served these children.

Once this listing was received, a questionnaire, developed by the team, was sent to all the identified local sites to seek answers to the questions asked by the state (N=198). The questionnaire was followed up with on-site visitations to 66 sites statewide. The purpose of the visitations was to meet with members of the transdisciplinary teams and to have them expand on the information that they provided in their returned questionnaires. The sites visited were randomly selected by size and region. Questions asked in the questionnaire and during site visitations focused on the following areas:

- Implementation of Eligibility Criteria
- Improvement of the Implementation of Eligibility Criteria
- Participant Demographic Data

A pilot study designed to determine the efficacy of the methodology and procedures to be used subsequently in the evaluation of the eligibility criteria was also conducted.

Although the field uses various terms for 3- through 5-year-old children receiving services under the provisions of Education Code Part 30, chapter 4.45, for the purposes of this study the term participants will be used to refer to those children.

Copies of the questionnaire and the on-site interview form are found in the Appendix. The following section is devoted to reporting the findings of the study.

Implementation of Eligibility Criteria

Referral Sources

What are the sources that generate referrals of preschool children who may be in need of special education and services?

This question was asked as a means of documenting the primary sources of referrals of children for possible admittance under the non-intensive eligibility criteria. It was believed that this kind of information would be of benefit to local "search and serve" teams. Table 1 below identifies the various sources in rank order and the number of sites receiving referrals from each source.

Among the thirteen top referral sources, the following eight have a large number of Hispanic and Black children as reported by respondents:

- District Pre-Kindergarten Classes
- Physicians/Pediatricians
- Health Department/Agencies
- Clinics
- State Preschools
- Head Start
- Child Development Centers
- Regional Centers

Table 1
Rank Order of Referral Sources¹

<i>Rank</i>	<i>Referral Sources</i>	<i>Number</i>
1	Parent	81
2	District Pre-Kindergarten Classes	48
3	Private Preschools	44
4	Physicians/Pediatricians	40
5	Health Department/Agencies	36
6	Clinics (i.e., City of Hope, Easter Seal Society)	32
7	State Preschools	31
8	District Specialists (Psychologists/Language)	30
9	Head Start	28
10	Friends/Relatives	22
11	Child Development Center	20
12	Regional Centers	17
13	Infant Programs (i.e., Day Care, Special Education Infant Program)	11

¹Frequencies of occurrence greater than 10 are reported in Table 1. A complete list of all referral sources is found in the Appendix.

What role does the parent-guardian play in the identification of their child's need for special education and services?

Eighty-one of the respondents identified the parents as the primary source of referrals. Pre-kindergarten programs are a distant second source of referrals with 48, followed closely by private preschools, medical doctors, health agencies, clinics, and public school agencies. (See Table 1.)

The fact that parents are, by far, the primary referral source underscores the importance for school administrators to develop a plan to reach all parents within their communities.

Screening Processes

Are there any particular screening processes that go on before the referral?

Answers to this question were obtained during the on-site visitations. All 66 local transdisciplinary teams visited indicated that specific processes were being employed before the referral. The processes ranged from simple informal observation of the preschool children by one person to a well-structured process that involves special education specialists, teachers, parents, public and private service agencies, and various medical institutions. The following description by one of the respondents is representative of the screening process that takes place in the more structured planned programs:

"For the 4- to 5-year olds who are in a preschool program, there is a pre-referral screening process. It includes discussing the child with school staff and observing the child in the school setting. It also includes meetings with parents and with medical agencies to gather all possible data that would help the local evaluation team come to a decision about the child. In many cases a battery of instruments are also administered to the child. Clinical judgment also plays a key role in the decision-making process."

Assessment Team

Who are the members of the Assessment Team?

When responding to this question, the respondents identified a variety of positions of people who serve on the assessment team. There was, however, agreement that the core members of their assessment teams are most usually the language/speech specialists, preschool resource specialists, psychologists, and nurses. Other members of the team, but to a much lesser extent are the following:

Adapted Physical Education Specialist	Early Childhood Specialist
Bilingual Language Specialist	Referral Agent
Audiologist	Parent
Kindergarten Teacher	Vision Specialist
Manager	Bilingual Psychologist
Social Worker	Bilingual Nurse
Occupational/Physical Therapists	Bilingual Classroom Aides
Orientation and Mobility Specialist	Resource Specialist Aide
Preschool Specialist/Teacher	

How does the Assessment Team differ for individual children?

The respondents all agreed that the assessment differs on the need and areas of suspected disability of each child. Several respondents gave examples of the specialists that they do call in. Those specialists include the adaptive physical education specialist, the audiologist, a vision specialist, and a preschool specialist.

Who determines the makeup of the Assessment Team and the role function of each?

The respondents indicated that the makeup of the assessment team is generally determined by the referral route. The four positions/processes most often identified as those that determine the team are:

- Team Manager
- Language/Speech Specialist
- Psychologist
- Team decision

In a few cases, referrals are routinely checked by a psychologist, a nurse, a language specialist, or a resource specialist in conjunction with the team manager.

How does your Team assess multiple aspects of the child's environment other than preschool related tasks?

Local teams utilize a comprehensive approach to assess multiple aspects of a child's environment. The local teams interview parents both on-site or during home visits, if necessary. Background history information about the child and family are collected. The child's health and developmental history are documented. Teachers, familiar with the child, are interviewed to receive input from them regarding the child's progress. The child is also observed in a variety of situations including group settings, individual activity, and during free play periods to gain insights as to the child's developmental skills and needs. In many situations, parents are present to observe the assessment process and provide input when needed.

How does your assessment differ for a child from a non-English speaking home?

The following table indicates the most common ways in which the local sites assess children who come from homes where a language other than English is spoken. Each site team identified several ways in which this is accomplished.

Table 2
Procedures for Assessing Non-English-Speaking Children

<i>Assessment Mode</i>	<i>Rural</i>	<i>Urban</i>	<i>Suburban</i>	<i>Totals</i>
Use interpreters/translators	10	12	17	39
Bilingual psychologist	4	6	11	21
Bilingual aide	9	6	21	36
Bilingual language specialist	2	4	13	19
Parent interviews	5	7	6	18
Home visitations	4	4	2	10
Assessment scales	3	0	7	10
Child's development	5	0	2	7
Family history	0	0	6	6

Of the 66 sites visited, only four teams indicated that they have no non-English-speaking students. The respondents who do serve children from non-English-speaking homes rely heavily on interpreters/translators, and bilingual language/speech specialists and psychologists during the assessment process. There is also a greater emphasis placed on parent interviews and home visitations than is the case for children who are native speakers of English.

Local site managers have little difficulty in providing Spanish-speaking language specialists to assess the Hispanic children who are limited or non-English-speaking children. However, only a few of the sites are able to locate qualified language specialists who can assess LEP children in Asian languages spoken in their communities. This has made it necessary for them to hire translators with little or no experience to assist in the assessment of Asian children who speak little or no English. The difficulty that the examiner faces in such a situation is that one is not certain how accurately the concepts are being translated, nor does the examiner know whether the translator is assisting the child with the correct answer. This, the Study Team has been told, has happened in a number of testing situations in different sites. This occurs because of the desire on the part of the translators to see those children do well. The translators do not yet understand how important it is for the child's educational future that an accurate assessment be made.

For suspected learning-disabled children, how do you identify psychological processing disorders?

There was general agreement among the respondents that it is difficult to identify 3- and 4-year olds as being learning disabled. Thirteen of the respondents stated that they do not label the young children as learning disabled. They feel that it is unfair and inappropriate to do so. Eight districts are reluctant to label the 3- to 4-year old, and are cautioning their sites against doing so.

In their attempt to accurately assess the child's developmental level(s), local site specialists use many different techniques including standardized instruments and observation techniques for suspected learning-disabled children. The specialists look at delays or inappropriate behavior (for the child's age) in visual, auditory, memory, attention, fine motor, and social skills areas. They feel that this comprehensive data collection process helps identify those students who are truly in need of special education and services.

How do you determine the required discrepancy between achievement and ability for suspected learning-disabled?

Here again strong feelings were demonstrated by the respondents cautioning against assuming the 3- and 4-year old is other than normal unless indicators prove otherwise. Where there are suspected delays, the psychologist is called upon to administer a battery of tests to determine the child's status.

Specific responses to this question included the following:

- "We compare CA to developmental level."
- "We use the 25% criteria."
- "It's a professional judgment based on observation and language samples."
- "We use non-standardized tests based on Piaget's theories."
- "We interview parents and have them compare their child to his/her siblings."
- "It's a team decision based on a review of data collected."

Is there a difference in the discrepancy between 3-, 4-, and 5-year olds?

The respondents agreed that the scores obtained from 5-year olds are much more reliable than those obtained from 3-year olds. For the 3-year-old child, observation techniques are

most commonly used when assessing the child, although standardized tests are also used. The respondents are in agreement that test results are more reliable by the time the child reaches the age of five. The respondents caution assessment team members when they label 3-year olds as learning-disabled children as they feel it is not appropriate to do so for the vast majority of that age group.

For a child from a non-English-speaking home, how do you determine that the disability is not merely second language acquisition rather than a language disorder?

The responses to this question coincide with the responses received from questions related to the manner in which the assessment team's data-gathering techniques differ for a child from a non-English-speaking home. The most frequent responses to the above question by area classification are found in the following table:

Table 3
Assessment of Non-English-Speaking Children

<i>Responses</i>	<i>Rural</i>	<i>Urban</i>	<i>Suburban</i>	<i>Total</i>
Assess in both languages	14	8	13	35
Interview parents	6	7	13	26
Use interpreters/translators	4	6	13	23
Determine language dominance	6	8	6	20
Observe child in a variety of settings	7	4	4	15

For a child with poor articulation or language delay, how do you differentiate between true delay due to a handicap and delays due to other environmental factors?

The respondents indicated that the pupil is "different" when he/she is referred. They are of the opinion that a child with poor articulation or language delay is usually delayed in several other areas. When a child does demonstrate this type of delay, home visits are made to interview the parents, observe the environment within which the child is living, and to gather historic and medical information about the child. This information is combined with

input received from the preschool teacher, the nurses, and language/speech specialists; and a recommendation is made about the child by the assessment team.

Some sites do not go through such a comprehensive study. Four site managers stated that they don't care what caused the delay, that "if there is a delay, they are put in."

Transitional teams that assess children whose culture is relatively unknown in their communities report that they are careful not to make decisions about the child until they become familiar with their culture and value system. One local site manager provided the following as an example of how a wrong conclusion can be made when working with limited information:

"My assessment team tested a preschool child from a Hmong family. It was found that the child could not feed himself with a spoon and that the child could not yet tie his shoes. The team, therefore, recommended that the child be referred for in-depth testing. When the parents were advised of this, we were told by them that in the Hmong society the child of that age is not expected to feed himself nor tie his own shoes. This is the responsibility of the parent or grandparent."

The above statement points out the importance of the need for staff to be aware of cultural differences of the ethnic groups that they serve in order that cultural clashes between the homes and the schools do not arise.

How do you determine the discrepancy for language disordered pupils?

According to input received, test instruments are the primary way in which the discrepancy for language disordered pupils is determined. A total of 44 of the 66 teams interviewed indicated that they compare the child's chronological age to the performance level on normed tests. If the scores are below the acceptable range, the psychologist becomes involved. Other criteria used include clinical judgment.

What other kinds of handicapping conditions are you seeing?

Table 4
Other Handicapping Conditions As Identified by Respondents

Other Handicapping Conditions	No.
Gross and fine motor coordination	12
Drug exposed	8
Fetal alcohol syndrome	6
Socially/emotionally disturbed	6
Mild mental retardation	3
Chromosomal disorder	2
Brain injury (auto accident)	1

The respondents identified six handicapping conditions that are not ordinarily dealt with in their programs. Of great concern to many of the local site managers are the number of "drug/alcohol babies" that are now being identified by their local assessment teams as well as by outside referral agencies. As the members of one transdisciplinary team remarked, "We have seen a recent marked increase in 'drug babies' (alcohol and crack) compared to five years ago." When asked why this was so, they responded that they felt it was "due to more awareness on our own part."

How are those handicapping conditions determined?

Responses to this question indicate that handicapping conditions are identified primarily by means of medical certification, testing of the children, observation, parent interviews, and by referrals from friends and relatives of the family. The respondents strongly support the notion that interagency cooperation is vital in the identification and placement of these children.

Identification of Preschool Participants Eligible for Special Education Services

What are the standardized instruments and procedures used to identify children through non-intensive eligibility criteria?

The respondents were asked to list the standardized tests/scales and indicate the criteria that they use to identify 3- through 5-year olds who were eligible for special education services in the following five developmental areas:

- Language/Speech Development
- Motor Development (Gross/Fine)
- Social-Emotional/Adaptive Behavior
- Cognition/School Readiness
- Sensory (Hearing and Vision)

The most commonly used instruments (N>10) used by local sites to determine eligibility in the five developmental areas are identified in the body of this report. The complete list of all instruments used as reported by local assessment teams is found in the Appendix. Each of the five developmental areas are addressed separately.

Standardized Assessment Procedures

Language/Speech Development

In the table below are listed the most commonly used standardized instruments. In addition, the criteria used by local assessment teams to determine eligibility are identified. Twenty-five percent (25%) delay is the most commonly used criterion, with clinical judgment, six-month articulation delay, and unintelligible speech as the next most commonly used criteria.

Table 5
Language/Speech Development
Standardized Assessment Procedures and Criteria
as Identified by Respondents

A		B	
Most Commonly Used Tests/Scales (N=107)	Frequency of Sites	Criteria to Determine Eligibility	Frequency of Sites
Peabody Picture Vocabulary Test-Revised	75	25% delay	71
Preschool Language Scale-Revised	54	Clinical judgment	24
Expressive One Word Picture Vocabulary Test	49	Six-month articulation delay	23
Goldman-Fristoe Test of Articulation	40	Unintelligible speech	15
Test for Auditory Comprehension of Language-Revised	32		
Sequenced Inventory of Communication Development	28		
Boehm Test of Basic Concept-Preschool	18		
Structured Photographic Expressive Language Test (SPELT)	16		
Receptive One Word Picture Vocabulary Test	16		

(A list of all instruments in use is found in the Appendix.)

Major decisions are made regarding student placement based on results received from instruments administered to them. It is, therefore, important that instruments to be used for data collection purposes are carefully selected. The two most critical aspects of an instrument are its reliability and validity, recognizing the lack of strong reliability/validity of any single instrument for preschool age children. Reliability refers to the consistency of the instrument. It should measure the same thing every time that it is administered. Validity refers to whether the instrument is measuring that which it claims to measure. These are critical criteria that should be considered when selecting instruments.

Motor Development (Gross/Fine)

In the following table are the instruments used most frequently (N>10) by the local assessment teams. The 25% delay and clinical judgment are the most common eligibility criteria used by local sites. Twenty-one sites did not identify any criteria on the questionnaire.

Table 6
Motor Development (Gross/Fine)
Standardized Assessment Procedures and Criteria
as Identified by Respondents

A		B	
Most Commonly Used Tests/Scales	Frequency of Sites	Criteria to Determine Eligibility	Frequency of Sites
Brigance-Preschool	36	25% delay	43
Developmental Test of Visual Motor Integration (VMI)	31	Clinical judgment	17
Battelle Developmental Inventory	19		
Peabody Motor Scale	15		
Vineland Adaptive Behavior Scale	12		

(A list of all instruments in use is found in the Appendix.)

Social-Emotional/Adaptive Behavior

Respondents volunteered that children eligible for special education services who are socially and emotionally fit will benefit most from the services provided to them. Table 6 lists the most commonly used techniques or procedures to identify children eligible for services in the Social-Emotional area.

Table 7

Social-Emotional Adaptive Behavior Standardized Assessment Procedures and Criteria As Identified by Respondents

A		B	
Most Commonly Used Tests/Scales	Frequency of Sites	Criteria to Determine Eligibility *	Frequency of Sites
Vineland ABS	50	25% delay	41
Alpern-Boll Developmental Profile	20	Clinical judgment	18
Battelle Developmental Inventory	11		
Burk's Behavior Rating Scale	11		

(A list of all the instruments in use is found in the Appendix.)

In terms of the criteria established to determine eligibility, 25% delay and clinical judgment are the two most commonly used as reported by field respondents. No criteria were identified by 24 sites on the questionnaire.

Table 8
Cognition/School Readiness
Standardized Assessment Procedures and Criteria
As Identified by Respondents

A		B	
Most Commonly Used Tests/Scales	Frequency of Sites	Criteria to Determine Eligibility	Frequency of Sites
Brigance-Preschool	39	25% delay	40
Kaufman Assessment Battery for Children	25	Clinical judgment	25
Leiter Performance Scale	23		
Stanford-Binet	21		
Wechsler Preschool and Primary Scale of Intelligence	20		
McCarthy Scales	16		
Battelle Developmental Inventory	16		
Alpern-Boll Developmental Profile II	14		

(A list of all the instruments in use is found in the Appendix.)

Cognition/School Readiness

The respondents to this area of suspected disability all use more than one instrument to determine eligibility. The most commonly used are listed in Table 8.

In terms of eligibility criteria, 25% delay and clinical judgment are the criteria most often identified. It is noted that 22 sites did not identify any eligibility criteria on the questionnaire, and that 12 sites did not identify the tests/scales that they use to assess cognition and school readiness.

Table 9
Sensory (Hearing & Vision)
Standardized Assessment Procedures and Criteria
As Identified by Respondents

A		B	
Most Commonly Used Tests/Scales	Frequency of Sites	Criteria to Determine Eligibility	Frequency of Sites
Nurse conducts hearing/ vision tests	46	Clinical judgment	15
Audiometric screening	14	Not within normal limits of tests	13
Developmental history	13	25% delay	12
Pure-tone screening	11		

(A list of all procedures in use is found in the Appendix.)

Sensory (Hearing & Vision)

Multiple tests/scales are used by sites to assess hearing and vision. The most often used are identified in Table 9. In the Sensory (Hearing and Vision) area, clinical judgment is the most often used criterion followed by "not within normal limits of the tests," and by "25% delay." It is of special note that 41 local sites did not indicate on the questionnaire that they had eligibility criteria in place.

***Alternative Means to Establish Eligibility
(Non-Standardized Assessment Procedures)***

The respondents were asked to indicate alternative means that they use to establish eligibility when standardized tests/scales are considered invalid for children ages three to five years. The tables below include the most commonly used techniques and procedures (N>10) as well as the specific behaviors identified to determine eligibility in the five areas of suspected disability. Multiple responses were received from a large majority of sites.

***Table 10
Language/Speech Development
Non-Standardized Assessment Procedures and Behaviors
As Identified by Respondents***

A		B	
Technique/ Procedure	Frequency of Sites	Behaviors Identified To Determine Eligibility	Frequency of Sites
Language sample	89	Behaviors indicating delayed development	18
Observation	65	Unintelligible speech	13
Parent interview	46	Mean length of utterance	10
Teacher interview	20		
Clinical judgment	10		

(A list of all procedures in use is found in the Appendix.)

Language/Speech Development

Although each site uses multiple techniques, many of the techniques are used by no more than one site each. The most commonly used are language sample, observation techniques, parent and teacher interviews.

The behaviors most often used by local sites to determine eligibility center around developmental delays, unintelligible speech, and mean length of utterances. Clinical judgment also plays a role in the determination of eligibility.

Table 11
Motor Development
Non-Standardized Assessment Procedures and Behaviors
As Identified by Respondents

A		B	
Technique/ Procedure	Frequency of Sites	Behaviors Identified To Determine Eligibility	Frequency of Sites
Observation	60	Behaviors indicating delayed development	18
Parent interview	25	Gross motor behaviors	10
Teacher interview	13		
Clinical judgment	10		

(A complete list of all procedures in use is found in the Appendix.)

Motor Development

The most common techniques, procedures identified were observation, parent and teacher interviews, and clinical judgment.

Table 12
Social-Emotional/Adaptive Behavior
Non-Standardized Assessment Procedures and Behaviors
As Identified by Respondents

A		B	
Technique/ Procedure	Frequency of Sites	Behaviors Identified To Determine Eligibility	Frequency of Sites
Observation	68	Behaviors indicating delayed development	10
Parent interview	47		
Teacher interview	20		

(A complete list of all procedures in use can be found in the Appendix.)

Social-Emotional/Adaptive Behavior

Observation techniques and parent and teacher interviews are the procedures primarily used to determine suspected disability in the Social-Emotional area when tests and scales are considered invalid for three- through five-year-old children.

Table 13

***Cognition/School Readiness
Non-Standardized Assessment Procedures and Behaviors
As Identified by Respondents***

A		B	
Technique/ Procedure	Frequency of Sites	Behaviors Identified To Determine Eligibility	Frequency of Sites
Observation	43	Behaviors indicating delayed development	12
Parent interview	22		
Teacher interview	17		

(A complete list of all procedures in use is found in the Appendix.)

Cognition/School Readiness

The primary techniques/procedures as well as the criteria used by local sites to determine cognition/school readiness disability are very similar to those used in the areas of motor development and social-emotional areas.

Table 14

***Sensory (Hearing and Vision)
Non-Standardized Assessment Procedures and Behaviors
As Identified by Respondents***

A		B	
Technique/ Procedure	Frequency of Sites	Behaviors Identified to Determine Eligibility	Frequency of Sites
Observation	32	No specific behavior reported by 10 or more sites.	
Parent interview	21		

(A complete list of procedures in use is found in the Appendix.)

Sensory (Hearing and Vision)

To identify suspected disability in the sensory area, local assessment teams use observation and parent interviews as primary procedures.

Individualized Education Program (IEP) Team

Is the composition of your Individualized Education Program (IEP) team different from your assessment team?

Table 15
Assessment - IEP Team Composition

District Size	Yes	No
Rural	16	5
Urban	19	2
Suburban	18	6
TOTALS	53	13

How does it differ?

Thirteen of the 66 site teams interviewed indicated that the assessment team becomes the IEP team along with the parent. The composition of the assessment team of the large majority of sites is composed primarily of language/speech specialists, psychologists, and special education coordinators. For those sites, the IEP team is augmented with a variety of other positions or individuals as indicated in Table 16.

Table 16

Composition of Individualized Education Program (IEP) Team

Titles/Positions	Rural	Urban	Suburban	Totals
Parent	13	6	18	37
Administrators	14	12	5	31
Preschool teacher	5	3	2	10
Resource specialist	1	1	6	8
Community agencies personnel	0	1	9	10
Psychologist	1	2	2	5
Social worker	0	3	2	5
District specialists	5	0	0	5
Adapted physical education	0	0	4	4
Head Start teacher	0	0	2	2
Nurse	1	0	1	2
Therapist	1	0	0	1
Receiving teacher	0	1	0	1
Bilingual aide interpreters/translators	0	1	0	1

Those interviewed also indicated that they are careful to include on their IEP teams school specialists and representatives of agencies, both private and public, that have a direct influence on the children being served.

How does the team make a decision for a child who is close to the 25 percent delay criteria?

All but 11 of the site teams indicated that if there was a doubt about the child they would certify him or her as being eligible for special education services. But, this would only be done following a review of the child's progress, meetings with preschool teachers, parent interviews, and assessments of the child. Those that did not find the child eligible would prefer to place the child in a less restrictive environment. The child would then be carefully monitored and a final team decision would be made within a 30- to 90-day period as to the proper placement of the child.

Following are statements representative of those made by interviewees during the on-site visitations: It is often difficult to separate cultural/environmental factors from disability factors.

- "De-emphasize special education and keep the child in the preschool mainstream."
- "Look for the least restrictive environment, and monitor the child's progress."
- "Err in the child's favor."
- "Give the child the benefit of the doubt (serve)."
- "Child is served whether it's a true delay or a delay due to culture or environment."
- "Will admit the child if the parent wants the child to receive services."

What training/communication does your team provide to regular education personnel (receiving teachers, others)?

Of the 66 transdisciplinary teams visited, 61 were able to describe in detail various methods in which training and communication are being provided to regular education personnel within their school and/or district. All urban site teams have such a procedure in place. One suburban team volunteered that they need to improve their articulation with the receiving teachers, while four of the rural sites indicated that they provide no training nor do they communicate with receiving teachers. They explained that the lack of human and financial resources was responsible for this, but that they would attempt to implement such

a program this coming school year. Table 17 lists the procedures most commonly used by local sites that are providing these services.

Table 17

Training/Communication Provided to Regular Education Personnel

Training/Communication	Rural	Urban	Suburban	Total
Staff inservice	16	11	15	42
Consultation with receiving teacher	11	5	18	34
Model techniques for teacher	6	12	16	34
Provide instructional materials	6	4	5	15
Assist with lesson planning	5	3	4	12
None	4	0	0	4

The most common procedures used include working with the receiving teachers by means of one-on-one consultation, staff inservice, and through the demonstration of teaching techniques in the classroom. The local sites share their instructional materials with the receiving teachers, and also assist them in the development of lesson plans appropriate for use with the transitioned child.

What training/communication does your team provide to parents?

Special education staff, as a whole, strongly support parent involvement. Local site teams are working with the parents in a variety of ways with the expectation that the parents will reinforce at home that which is taught in the classes. Special education staff demonstrate teaching techniques for the parents, provide one-on-one consultation, and provide the parents handout materials to use with their children in the home. Home visits are made by staff to help set up learning centers within the homes. Counseling services by psychologists are available. Parent newsletters are sent home, and lending libraries are available to parents.

Transition

How will you determine when an eligible child should transition from special education to regular education?

This one question concerning the transition was asked the local team members in order to prepare them for Stage Two of the study to begin July 1, 1989, and which will focus primarily on the effectiveness of the transition of these pupils. Each responding team provided several criteria that it uses to make that determination. The following table identifies the variety of ways in which this determination is made:

Table 18
Transition Criteria

Criteria	No. of Responses
• IEP team reviews the extent to which IEP goals have been met	52
• IEP team decides with parental concurrence	44
• Reassess at year's end and make a decision	25
• Recommendations from preschool teacher	19
• Chronological age	17
• When 5 years old, place in kindergarten	14
• Place in kindergarten with continued service	14
• Place in least restrictive environment	13
• For speech problem, the child is entered into the regular K-12 speech and language program for special education	12

The IEP team plays a key role in the placement of the child. Parental involvement and concurrence in the child's placement are required by a majority of the sites. Chronological age of the child is the primary criterion for 17 of the sites. Fourteen sites indicated that they place the child in kindergarten when they reach the age of five. An additional 14 place the child in kindergarten but with continued services provided as required.

The local site managers were also asked to respond to the following request for information relative to the transitioning of 1987-88 children being served in 1988-89 by transdisciplinary teams:

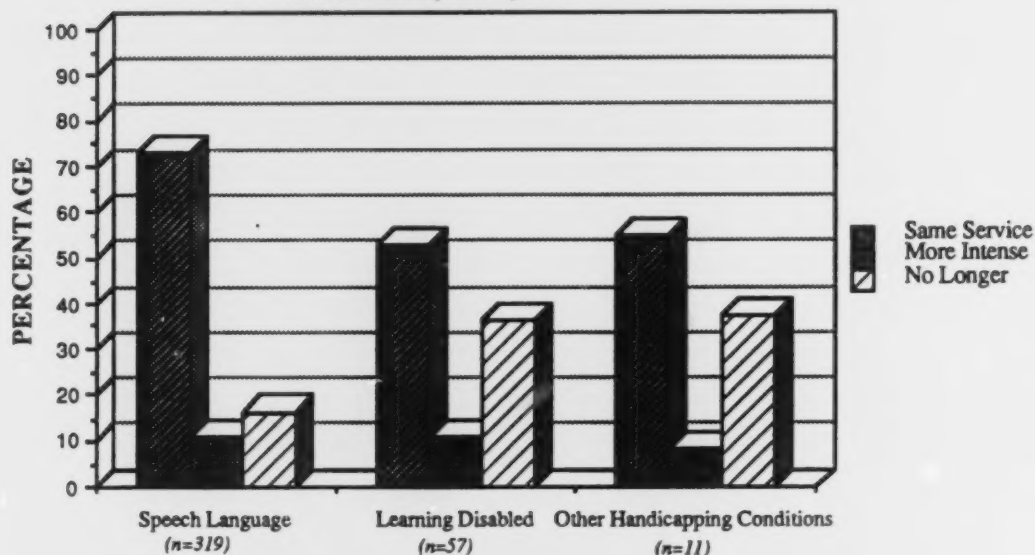
Indicate by current placement the numbers of last year's eligible children (1987-88) in the following categories. Please use the March 1988 count. Children within an age range may be in more than one category (e.g., receiving both speech and learning disability services). Report the 1988-89 placement for only those children served in 1987-88.

Specifically, the Study Team wished to know the kinds of services 1987-88 3-, 4- and 5-year-old children were receiving during the 1988-89 school year. Seventy-seven of the site managers were able to provide the information requested above. Thirty-five sites were not able to respond to this because they do not yet have a tracking system in place. The data collected are provided in Figure 1 by age group:.

Three-Year-Old Children, Now Four

Figure 1

**CHANGE IN LEVEL OF SERVICE
BY AREA OF ELIGIBILITY
3-Year Olds (Now 4)**



Speech/Language

For those reporting in the area of Speech/Language, 233 (73%) of those who received special education services in 1987-88 received the same or similar level of special education services in 1988-89, while 35 (11%) were transitioned to more intensive services, and 51 (16%) no longer received special education services. Thirty-five of the respondents indicated that these data were unavailable because their tracking system was currently under development.

Learning Disabled

For those reporting in the area of Learning Disability in 1987-88, 30 or 53% received similar services in the 1988-89 school year, 6 (11%) more intensive services, and 21 (36%) were transitioned into regular programs with no special services provided. Thirty-five sites did not have the information available.

Other Handicapping Conditions (other than Speech/Language and/or Learning Disability)

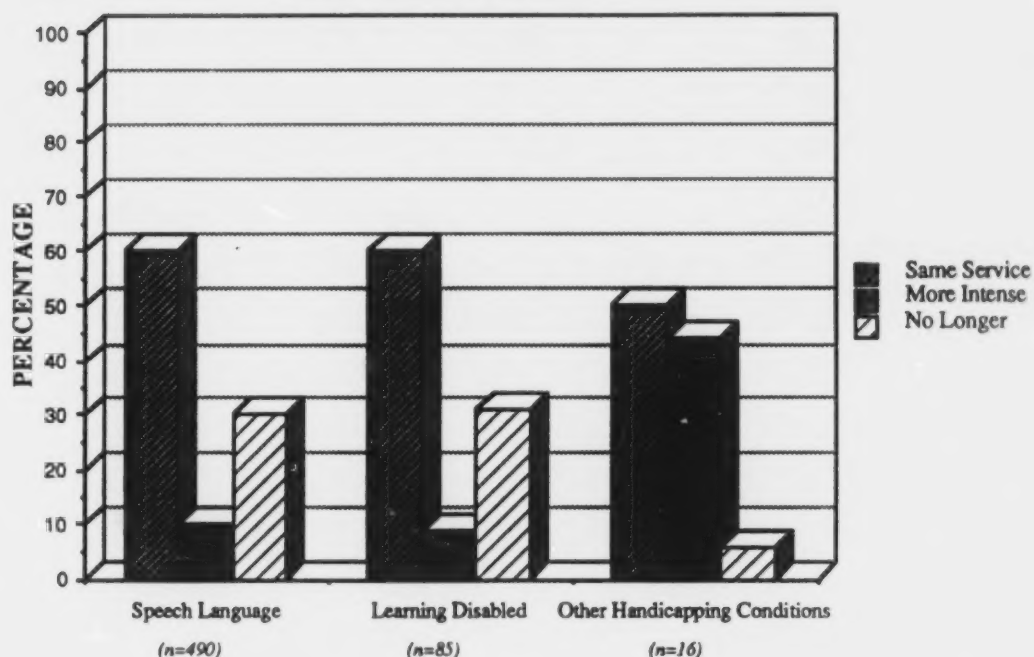
For those reporting handicaps other than Speech/Language or Learning Disability, in 1988-89, 6 or 55% of the children remained in similar services, 1 (9%) received more intensive services, while 4 (36%) no longer were receiving special services. Thirty-five sites did not have these data available because of a lack of a tracking system.

Four-Year-Old Children, Now Five

Of the 107 sites responding to this item, 35 indicated that they had no tracking system in place to provide this information.

Figure 2

**CHANGE IN LEVEL OF SERVICE
BY LEVEL OF ELIGIBILITY
4-Year Olds (Now 5)**



For those reported in the Speech/Language area, 297 (60%) were transitioned into special education services similar to the services received the previous year, 48 (10%) received more intensive services, and 145 (30%) no longer received special services.

Learning Disability

For those reported in the area of Learning Disability during the 1987-88 school year, 51 or 60% received similar special education services as five-year-olds, 8 (9%) received more intense services, while 26 (31%) were transitioned into regular programs.

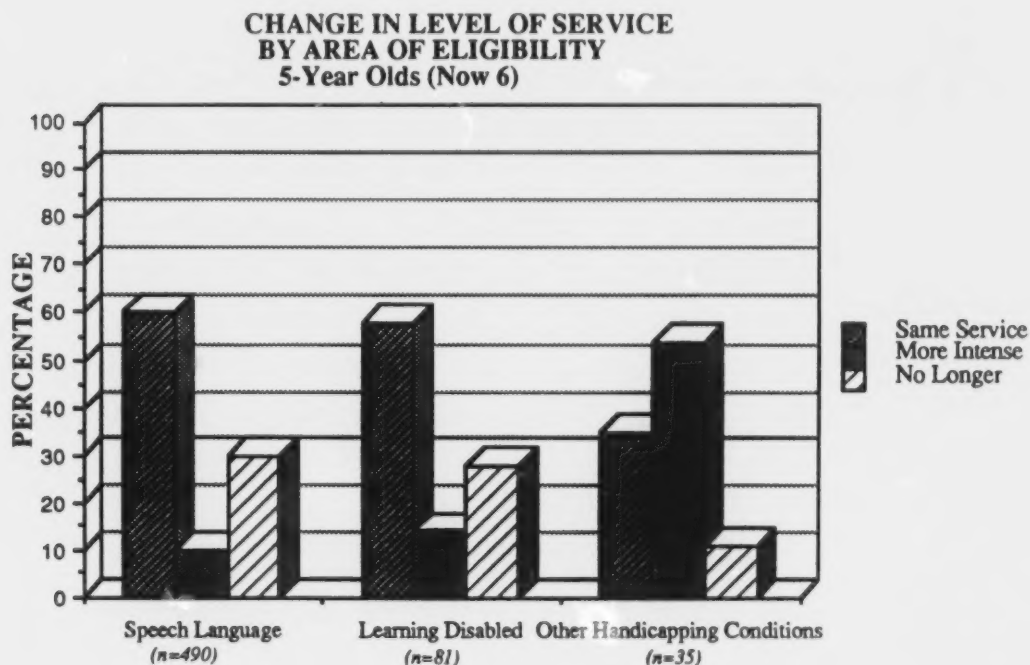
Other Handicapping Conditions (other than Speech/Language or Learning Disability)

For those reporting handicaps other than Speech/Language or Learning Disability 8 or 50% received similar services, 7 (44%) were placed in more intensive programs, while 1 (6%) was placed in a regular program.

Five-Year-Old Children, Now Six

Here again, 35 sites could not provide this information because their tracking system was not yet in place.

Figure 3



Speech/Language

For those reporting in the area of Speech/Language in 1988-89, 294 (60%) received similar services as in the previous year, 48 (10%) were provided more intensive services, and 145 (30%) were transitioned into regular programs.

Learning Disability

For those reporting in the area of Learning Disability, 47 (58%) received similar services, 11 (14%) were transitioned to more intensive special education services, and 23 (29%) were identified as no longer requiring special services.

Other Handicapping Conditions (other than Speech/Language or Learning Disability)

For those reporting handicaps other than Speech/Language or Learning Disability, 12 or 35% were receiving similar services as in the previous year, 19 or 54% more intense services, and 4 (11%) were placed in regular classes.

*Improvement of the Implementation
of Eligibility Criteria*

Improvement of the Implementation of Eligibility Criteria

The Study Team asked local site personnel for recommendations that might improve criteria used to identify participants. In order to accomplish this task, local site team members were asked to respond to the following questions:

What do you consider to be the most effective process/procedure to determine preschool non-intensive eligibility for special education services.

To what degree are the criteria used to identify preschool children, ages three through five, in need of special education and services appropriate?

What suggestions do you have to improve the eligibility criteria used to identify children as stated in Education Code section 56441.11?

The questions above were included in the questionnaire mailed to all known local sites where the services emanate. The questions were also addressed during the on-site visitations to 66 sites statewide.

Eligibility Processes and Procedures

Without exception, the local site staffs feel that the comprehensive approach to secure data is the most effective way to make decisions about the children. The following statements made by respondents are typical of those received in the field, and are considered by them to be very effective processes/procedures used to determine eligibility.

- "We do a complete assessment of the child. It includes formal/informal testing, observations, health/developmental history, parent and teacher interviews, peer comparisons, and clinical judgment."
- "The most effective process for identification and eligibility stems from a multi-disciplinary approach in which all team members are well-grounded in early childhood development. In our district, the preschool assessment team membership does not change during the year. This configuration results in consistent assessment procedures, eligibility criteria, and program placement."

Suggestions From Local Sites Made To Improve the Implementation of Eligibility Criteria

Speech/Language

- "Do not make inflexible rules. Leave the major part of determination to the Team. Encourage descriptive information rather than labels."
- "Make criteria more specific, while still allowing for clinical judgment in determining impact on future success."
- "We recommend the development (if not too rigid) of uniform state-wide developmental scales for articulation and language."
- "Some areas of Speech/Language development (articulation) can't be measured in terms of percentage of delay. Provide districts with uniform information and developmental norms."
- "We need a commonality of procedures."
- "Leave as is to insure the enrollment of very young children who are at risk for normal development. Early intervention with stimulation is beneficial to this group."
- "For the present, we prefer the flexibility inherent in the implementation of the existing criteria when evaluating very young children who bring to the assessment process a special set of circumstances."

The responses seem to indicate that the local assessment teams would like to have specific processes and procedures that they may implement as they assess children, yet still be permitted to "utilize collective professional judgment, regardless of discrepancy values, when placing some children."

Learning Disability

- "In our program we use a combination of standardized tests and informal assessments including play, parent and teacher interviews, and observation. This has proven to be very effective."
- "Health and developmental history, parent/teacher interviews, observation in more than one setting, developmental inventories, tests of information concerning processing and learning modalities, inventories giving information concerning child's abilities in relation to peers."
- "Transdisciplinary assessment by psychologist, resource teacher and, where indicated, motor therapist and speech therapist leading to IEP team decisions."
- "The terms used should be specific. The term "school readiness" leaves a lot of discretion with IEP team. How do you measure attending to task, focusing on an activity?"
- "Local sites should be able to provide services on a diagnostic basis, so as not to label child as special education."
- "Do not eliminate team discretion as a valid means of qualifying for services."
- "More accurate ways to test for focusing and attention span should be developed. If not, this may need to be incorporated into eligibility criteria."

Other Handicapping Conditions (other than Speech/Language and Learning Disability)

- "Counseling for social/emotional problems are determined according to clinical judgment and duration of behavior in light of family history and the child's functioning at home, day care, or in the classroom."
- "Our process, which we feel is effective, has a family focused evaluation that includes observation of child at play and parent interview in the home through transdisciplinary team assessment. It includes health and developmental level and social functioning of the child."

Participant Demographic Data

Participant Demographic Data

In what disability areas are eligible children identified and served?

The respondents were asked to indicate the number of children, categorized by age, sex, and ethnicity, that they served during the 1987-88 school year, using the March, 1988 count, in the following three areas:

- Speech/Language
- Learning Disability
- Other Handicapping Conditions

The following table indicates the total number of children served:

Table 19
Disability Areas by Number
1987-88

Age	Speech/ Language	Learning Disability	Other Handicap- ping Conditions	Total Served
3 years	624	133	37	794
4 years	1,236	267	54	1,557
5 years	2,860	174	68	3,102
Grand Totals	4,720	574	159	5,453

Of the 5,453 three- through five-year-old children reported to be in the program in 1987-88, 87% received Speech/Language services. Learning Disability services accounted for 11% of the total, while those receiving more than one service constituted only 3%.

This same information was requested from the respondents for children who were in the program during the 1988-89 school year to compare the student enrollments between the two years. Table 20 provides student counts by age and disability area.

Table 20
Disability Areas by Number
1988-89

Age	Speech/ Language	Learning Disability	Other Handicap- ing Conditions	Total Served
3 years	1,243	344	70	1,657
4 years	2,034	661	129	2,824
5 years	2, 011	298	251	2,560
Grand Totals	5,288	1,303	450	7,041

When comparing the totals of children in the program for the two years, there were 1,588 or 29% more children served in 1988-89 than during the previous year. There was also an increase in the number of children enrolled in the three categories. Speech/Language category served more children than did the other disability categories with 78% of the children entered in the program. During the previous year, 87% of the children were identified as in need of Speech/Language special services.

Of the 66 sites visited, only four teams indicated that they have no non-English-speaking students. The respondents who do serve the children from non-English-speaking homes rely heavily on interpreters, translators, and bilingual language/speech specialists and psychologists during the assessment process. There is also a greater emphasis placed on parent interviews and home visitations than is the case for children who are native speakers of English.

What is the ethnic/sex/LEP distribution of children identified as eligible for services?

To receive a picture of the kind of population that was being served, the respondents were asked to identify the students by the above characteristics. This is depicted in the following two tables for those sites reporting ethnic/sex data.

Table 21
Number of Children Served by Sex and Ethnicity
1987-88

Age		Hispanic	White	Black/Not Hispanic	Other	Total # Classified as LEP
3	M	110	252	49	20	73
years	F	86	113	23	11	59
4	M	336	348	104	29	236
years	F	174	148	63	31	121
5	M	765	576	277	68	583
years	F	480	268	153	43	359
Totals		1,951	1,705	669	202	1,431
Grand Total:		4,527				

Data collected indicate that there are more Hispanic students placed in the program than the other ethnic groups, with 43% of the total. This is followed closely by the White with 38%, the Black/not Hispanic with 15%, and "Other", which is primarily the Asian child with 4%. A further review of the table reveals that the male population outnumbers the female in every cell except the 4-year old "Other" category. The table also indicates that 1,431 children or 32% were identified as LEP children.

It is noted that a number of the local sites did not have the pupils categorized by sex and ethnicity. Therefore, the count for the total number of pupils and the total for children by sex and ethnicity do not agree.

Following are the totals of the children who took part in the 1988-89 program broken down by sex and ethnicity for those sites reporting data.

Table 22
Number of Children Served by Sex and Ethnicity
1988-89

Age		Hispanic	White	Black/Not Hispanic	Other	Total Classified as LEP
3 years	M	445	378	106	42	333
	F	332	158	64	21	272
4 years	M	652	669	154	95	477
	F	419	323	79	64	322
5 years	M	570	536	151	61	310
	F	284	246	82	41	183
TOTALS		2,702	2,310	636	324	1,897
GRAND TOTAL:		5,972				

Because a number of districts did not categorize their children in the above format, the total count of the children in the program during 1988-89 identified by sex and ethnicity is 1,069 fewer than the grand total of 7,041 for the year. A review of the table indicates that there were more male children than female children in the program in every category studied as reported by the respondents. Of the total number of students identified as being in the program, 65% were boys and 35% girls. The Hispanic student was the most populated ethnic group with 45% of the total. The "White" student had 39% of the total with the "Black" 11%, and the Other students (primarily Asian) constituting 5%.

The Study Team also addressed the issue of ethnic representation.

Are children from the four ethnic groups--Hispanic, White/Not Hispanic, Black/Not Hispanic, and Other (primarily Asian)--over or under represented in special education services?

To answer this question, the Study Team compared the total count and percent of 3-through 5-year olds receiving services in 1987-88 and 1988-89 with the total statewide ethnic distribution of children enrolled in kindergarten during the 1987-88 school year. Kindergarten enrollment data were used since statewide data were not available for 3- and 4-year olds. The enrollment figures are provided in the following table:

Table 23
Ethnic or Racial Distribution

Ethnicity	K Students	Participants	
	*Percent 87-88 (N=392,112)	Percent 87-88 (4,527)	Percent 88-89 (5,972)
Hispanic	33.4%	43%	45%
White	48.6%	38%	39%
(Not Hispanic)			
Black	8.1%	15%	11%
(Not Hispanic)			
Other	9.9%	4%	5%
TOTALS	100%	100%	100%

*Racial or Ethnic Distribution of Staff and Students in California Public Schools, 1987-88, California State Department of Education

A Chi Square Goodness of Fit Test was used to determine if the 1987-88 ethnic distribution of children receiving services conformed to the statewide ethnic distribution of children enrolled in kindergarten (1987-88 data). This test yielded a chi square value of 622.34 which is significant beyond the .001 level. A similar test was performed on the 1988-89 data using the same statewide distribution for 1987-88. This chi square value was 539.66 ($P < .001$). It can be concluded that the ethnic distribution of children receiving services for the years 1987-88 and 1988-89 differs from the 1987-88 statewide ethnic distribution for children enrolled in kindergarten.

Pilot Study

Pilot Study

This section of the report describes the methodology and results of a pilot study designed to (1) evaluate the appropriateness of the criteria used in the determination of eligibility for special education services and (2) evaluate the effectiveness of the assessment processes/procedures used in the determination of that criteria.

The questions to be answered are:

To what degree do the instruments and criteria used by local sites discriminate between normal or non-handicapped children and those that are in need of special education and services?

What is the rate of placement in programs when certain instruments and criteria are used?

For the purposes of this pilot study, only the component of speech/language eligibility will be considered. This limitation resulted from the fact that this category made up 75% of all children served during the 1988-89 school year. Pursuant to Education Code Section 56441.11, eligibility for participation in the non-intensive speech/language program requires one of the following:

- A discrepancy of six months or more between a child's development scale of articulation competency and his or her chronological age or developmental level.
- A discrepancy of at least 25 percent between a child's language development and his or her chronological age or developmental level.

In general, the research design required the identification of those assessment processes most commonly in use for determining eligibility for 3- through 5-year olds for special education services in the area of language/speech and the subsequent administration of these to a sample of children identified as eligible for these services and to a sample of Head Start and State Preschool participants. A statistical procedure, specifically discriminant analysis, was then applied to the data to determine the degree of congruence between the predicted classification and the actual placement of the child.

Methodology

Based on the administration of the questionnaire sent to all sites identified by the SELPA directors, the following seven instruments were designated as those most commonly in use for the determination of language/speech eligibility:

1. Peabody Picture Vocabulary Test-Revised
2. Preschool Language Scale-Revised
3. Expressive One Word Picture Vocabulary Test
4. Goldman-Fristoe Test of Articulation
5. Test for Auditory Comprehension of Language-Revised
6. Sequenced Inventory of Communication Development
7. Boehm Test of Basic Concepts-Preschool

A spontaneous language sample, a parent interview, and an observation were also identified as processes commonly used in the determination of eligibility for special education and services.

The site selected to provide students for this pilot study was the Del Paso Heights School District located in the Sacramento metropolitan area. This district was selected primarily due to the ethnic diversity of the student population and that the three groupings of children could all be found at the same physical location.

Local site coordination of the project was provided by the district program/resource specialist involved in the special education program. Through this local site coordinator, a team of examiners unfamiliar with the students or their actual placement was identified. This team consisted of a speech pathologist, two school psychologists, a preschool resource specialist teacher, and two preschool teacher assistants. Training in the administration of all instruments was provided by the speech pathologist. Individuals responsible for the administration of each instrument were as follows:

School psychologist

- Sequenced Inventory of Communication Development
- Test for Auditory Comprehension of Language
- Expressive One Word Picture Vocabulary Test

Resource specialist teacher
 Preschool Language Scale
 Speech pathologist
 Goldman-Fristoe Test of Articulation
 Language Sample
 Preschool teacher assistant
 Peabody Picture Vocabulary Test-Revised
 Boehm Test of Basic Concepts

Additional personnel involved in the study were two translators, one for Spanish-speaking children and one for Laotian- and Hmong-speaking children.

The securing of subjects involved in this pilot study was accomplished by the local site coordinator. Letters of permission were mailed home followed up by a telephone call to arrange an appointment for the administration of the assessment processes. The sample is shown in Table 24 by age and ethnicity for the three groups.

Table 24
Participants by Age and Ethnicity by Program

Age	Non-intensive	State Preschool	Head Start
3	2 Black 2 Caucasian	5 Black 1 Hispanic 4 Hmong 1 Laotian 1 Caucasian	--
4	6 Hmong 1 Black 2 Samoan 1 Mixed	2 Black 2 Hmong 2 Laotian 1 Tonga 1 Hispanic	1 Caucasian 5 Black 1 Hispanic 1 Mixed
5	1 Black 2 Hmong 1 Samoan	3 Black 1 Caucasian 1 Hmong	3 Hmong 2 Black 1 Samoan

N=57

All assessments occurred during the last two weeks of June 1989. Stations were set up in a large multi-purpose room with the subjects rotating from station to station. Although the average amount of time by each subject in actual assessment was approximately three hours, the overall elapsed time was considerably longer since the children were allowed to play between each station in order to avoid fatigue.

The spontaneous language sample and the observation of the child occurred during the play/break periods. The accompanying parent also completed the interview form during the testing period.

Following the scoring of the standardized instruments by the examiners, each completed student file (N=57) containing the seven test scores, the language sample, the observation, and the parent interview was given to two preschool diagnostic specialists from the Los Angeles County Office of Education. As in the case of the examiners, these two individuals were blind as to the origin of the subjects, that is, whether they were participants in the program or in a regular preschool program.

Following the Education Code criteria for determining eligibility for the services, the two diagnosticians classified subjects on the basis of each individual assessment process. In the case of the language sample, the parent interview form, and the "clinical judgment process," the classification was subjective. For the purposes of this pilot study, clinical judgment was defined to be the total of the impressions, both subjective and objective, received by the two specialists from a review of all available data. Both professionals had to concur in all classifications.

Table 25 presents the results of a t-test applied to each of the scores generated by the standardized instruments with respect to group membership. Also included in this table is a t-test applied to the time taken to administer each of the instruments. A significant difference was found to exist between children eligible for special education services and regular preschool students on each of the standardized instruments. No difference was found to exist between the two groups with respect to time taken to administer the tests or with respect to their chronological age.

Two-way classification tables were generated for each of the assessment processes relative to actual placement vs placement by the assessment process. In addition, the percent of agreement between the two placement processes was also computed. These are shown in Tables 26 to 35 for each of the standardized instruments and for the subjective areas of spontaneous language sample, and overall clinical judgment. As indicated in Table 26, clinical judgment produced the greatest degree of agreement between actual and predicted placement, that is 83%. This procedure also classified 33% of the preschool subjects as eligible for special education services, giving an overall percentage of agreement of 72%.

Table 25
T-Test Comparisons of Preschool Children Eligible for Special Education
Services and Regular Preschool Children on Selected Assessment
Processes/Procedures Including Chronological Age

Variable	Group	N	Mean	S.D.	T	Prob.
Chronological Age	<i>Participants</i>	18	52.7778	7.581	-0.12	0.901
	<i>Preschool/Head Start</i>	39	53.0769	8.740		
Goldman-Fristoe Test of Articulation	<i>Participants</i>	18	22.2778	24.442	-3.42	0.001
	<i>Preschool/Head Start</i>	39	51.8205	32.544		
Goldman-Fristoe Test of Articulation	<i>Participants</i>	18	15.2222	3.135	-0.68	0.502
	<i>Preschool/Head Start</i>	39	16.2821	6.278		
Peabody Picture Vocabulary Test-Revised	<i>Participants</i>	18	16.7222	12.447	-3.17	0.002
	<i>Preschool/Head Start</i>	39	31.2564	17.464		
Peabody Picture Vocabulary Test-Revised	<i>Participants</i>	18	55.6111	25.539	-3.43	0.001
	<i>Preschool/Head Start</i>	39	78.7179	22.763		
Peabody Picture Vocabulary Test-Revised	<i>Participants</i>	18	16.0556	6.292	0.85	0.398
	<i>Preschool/Head Start</i>	39	14.3333	7.428		
Peabody Picture Vocabulary Test-Revised	<i>Participants</i>	18	5.3333	10.852	-2.49	0.016
	<i>Preschool/Head Start</i>	39	21.4615	26.379		
Peabody Picture Vocabulary Test-Revised	<i>Participants</i>	18	29.6111	12.701	-2.64	0.011
	<i>Preschool/Head Start</i>	39	39.2564	12.869		

Table 25 (continued)

Variable	Group	N	Mean	S.D.	T	Prob.
Preschool Language Scale	<i>Participants</i>	18	18.9444	9.698	-1.95	0.056
Auditory Comprehension Raw Score	<i>Preschool/Head Start</i>	39	24.1795	9.285		
Preschool Language Scale	<i>Participants</i>	18	39.2778	17.633	-1.84	0.072
Auditory Comprehension Age	<i>Preschool/Head Start</i>	39	47.7949	15.624		
Preschool Language Scale	<i>Participants</i>	18	72.3889	29.366	-2.33	0.023
Auditory Comprehension Quotient	<i>Preschool/Head Start</i>	39	90.7692	26.894		
Preschool Language Scale	<i>Participants</i>	18	11.7778	9.897	-2.95	0.005
Verbal Ability Raw Score	<i>Preschool/Head Start</i>	39	21.5641	12.345		
Preschool Language Scale	<i>Participants</i>	18	25.8333	20.246	-2.83	0.006
Verbal Comprehension Age	<i>Preschool/Head Start</i>	39	42.6154	21.043		
Preschool Language Scale	<i>Participants</i>	18	47.5556	35.763	-3.18	0.002
Verbal Comprehension Quotient	<i>Preschool/Head Start</i>	39	80.6410	36.884		
Preschool Language Scale	<i>Participants</i>	18	28.5556	21.944	-2.64	0.011
Language Age	<i>Preschool/Head Start</i>	39	44.3333	20.543		
Preschool Language Scale	<i>Participants</i>	18	52.4444	38.901	-2.92	0.005
Language Quotient	<i>Preschool/Head Start</i>	39	83.1538	36.042		

Table 25 (continued)

Variable	Group	N	Mean	S.D.	T	Prob.
Preschool Language Scale	<i>Participants</i>	18	17.0556	9.052	-1.47	0.146
Testing Time	<i>Preschool/Head Start</i>	39	20.4359	7.560		
Expressive One Word Vocabulary Test	<i>Participants</i>	18	15.0000	14.463	-5.71	0.000
Raw Score	<i>Preschool/Head Start</i>	39	34.3590	10.567		
Expressive One Word Vocabulary Test	<i>Participants</i>	18	40.2778	34.074	-6.31	0.000
Language Standard Score	<i>Preschool/Head Start</i>	39	81.4359	15.441		
Expressive One Word Vocabulary Test	<i>Participants</i>	18	17.1111	16.474	-5.66	0.000
Language Age	<i>Preschool/Head Start</i>	39	40.3333	13.346		
Expressive One Word Vocabulary Test	<i>Participants</i>	18	13.3333	6.860	-0.02	0.983
Testing Time	<i>Preschool/Head Start</i>	39	13.3846	9.115		
Test of Auditory Comprehension of Language - Revised	<i>Participants</i>	18	63.2222	30.836	-3.71	0.000
Standard Score	<i>Preschool/Head Start</i>	39	83.2564	9.781		
Test of Auditory Comprehension of Language - Revised	<i>Participants</i>	18	8.0000	10.863	-2.37	0.021
Percentile Rank	<i>Preschool/Head Start</i>	39	17.5128	15.317		
Test of Auditory Comprehension of Language - Revised	<i>Participants</i>	18	34.7778	16.976	-2.61	0.012
Age Equivalent	<i>Preschool/Head Start</i>	39	43.0513	7.097		

Table 25(continued)

Variable	Group	N	Mean	S.D.	T	Prob.
Test of Auditory Comprehension of Language - Revised	<i>Participants</i>	18	13.8889	6.314		
					-0.46	0.650
Testing time	<i>Preschool/Head Start</i>	39	14.4872	3.590		
Sequenced Inventory of Communication Development	<i>Participants</i>	18	31.2222	11.745		
					-2.50	0.015
Receptive Communication Age	<i>Preschool/Head Start</i>	39	37.4103	6.874		
Sequenced Inventory of Communication Development	<i>Participants</i>	18	22.2222	11.978		
					-3.69	0.001
Expressive Communication Age	<i>Preschool/Head Start</i>	39	34.7179	11.863		
Sequenced Inventory of Communication Development	<i>Participants</i>	18	24.8889	13.556		
					-1.15	0.255
Testing Time	<i>Preschool/Head Start</i>	39	28.5897	10.117		
Boehm Test of Basic Concepts	<i>Participants</i>	18	24.5556	16.052		
					-4.12	0.000
Raw Score	<i>Preschool/Head Start</i>	39	37.1282	7.094		
Boehm Test of Basic Concepts	<i>Participants</i>	18	13.9444	21.256		
					-2.03	0.047
Percentile Rank	<i>Preschool/Head Start</i>	39	27.4615	24.176		
Boehm Test of Basic Concepts	<i>Participants</i>	18	16.8333	3.746		
					-0.52	0.606
Testing Time	<i>Preschool/Head Start</i>	39	17.3333	3.206		

Clinical Judgment

The percent of agreement for classification by clinical judgment relative to actual placement is shown on Table 26. This process/procedure resulted in an 83% agreement for preschool eligible participants, a 67% agreement for State Preschool/Head Start participants, and an overall agreement of 72%.

Table 26
Placement by Clinical Judgment
Relative to Actual Placement

		Procedure Placement	
Actual Placement		Participants	Preschool/ Head Start Participants
	Participants	15 83%	3 17%
	Preschool/ Head Start Participants	13 33%	26 67%

Overall percent agreement: 72%

Peabody Picture Vocabulary Test-Revised

The percent of agreement for classification by the Peabody Picture Vocabulary Test-Revised relative to actual placement is shown on Table 27. This process/procedure resulted in an 77% agreement for preschool eligible participants, a 56% agreement for State Preschool/Head Start participants, and an overall agreement of 63%.

Table 27

Placement by Peabody Picture Vocabulary Test-Revised Relative to Actual Placement

Procedure Placement

Actual Placement	Procedure Placement	
	Participants	Preschool/ Head Start Participants
Participants	13	4
	77%	23%
Preschool/ Head Start Participants	17	22
	44%	56%

Overall percent agreement: 63%

One Word Picture Vocabulary Test

The percent of agreement for classification by the One Word Picture Vocabulary Test relative to actual placement is shown on Table 28. This process/procedure resulted in an 80% agreement for preschool eligible participants, a 56% agreement for State Preschool/Head Start participants, and an overall agreement of 63%.

Table 28
Placement by One Word Picture Vocabulary Test
Relative to Actual Placement

		Procedure Placement	
		Participants	Preschool/ Head Start Participants
Actual Placement	Participants	12 80%	3 20%
	Preschool/ Head Start Participants	17 44%	22 56%

Overall percent agreement: 63%

Test of Auditory Comprehension of Language

The percent of agreement for classification by the Test of Auditory Comprehension of Language relative to actual placement is shown on Table 29. This process/procedure resulted in an 50% agreement for preschool eligible participants, a 77% agreement for State Preschool/Head Start participants, and an overall agreement of 68%.

Table 29
Placement by Test of Auditory Comprehension of Language
Relative to Actual Placement

		Procedure Placement	
		Participants	Preschool/ Head Start Participants
Actual Placement	Participants	9 50%	9 50%
	Preschool/ Head Start Participants	9 23%	20 77%

Overall percent agreement: 63%

Sequenced Inventory of Communication Development-Receptive

The percent of agreement for classification by the Sequenced Inventory of Communication Development-Receptive relative to actual placement is shown in Table 30. This process/procedure resulted in an 53% agreement for preschool eligible participants, a 69% agreement for State Preschool/Head Start participants, and an overall agreement of 64%.

Table 30
Placement by Sequenced Inventory of Communication
Development-Receptive
Relative to Actual Placement

		Procedure Placement	
		Participants	Preschool/ Head Start Participants
Actual Placement	Participants	9 53%	8 47%
	Preschool/ Head Start Participants	12 31%	27 69%

Overall percent agreement: 64%

Sequenced Inventory of Communication Development-Expressive

The percent of agreement for classification by the Sequenced Inventory of Communication Development-Expressive relative to actual placement is shown on Table 31. This process/procedure resulted in an 82% agreement for preschool eligible participants, a 59% agreement for State Preschool/Head Start participants, and an overall agreement of 66%.

Table 31

Placement by Sequenced Inventory of Communication Development-Expressive Relative to Actual Placement

Procedure Placement

Actual Placement	Procedure Placement	
	Participants	Preschool/ Head Start Participants
	Participants	Preschool/ Head Start Participants
Actual Placement	14 82%	3 18%
	16 41%	23 59%

Overall percent agreement: 66%

Goldman-Fristoe Test of Articulation

The percent of agreement for classification by the Goldman-Fristoe Test of Articulation relative to actual placement is shown on Table 32. This process/procedure resulted in an 82% agreement for preschool eligible participants, a 51% agreement for State Preschool/Head Start participants, and an overall agreement of 61%.

Table 32
Placement by Goldman-Fristoe Test of Articulation
Relative to Actual Placement

		Procedure Placement	
Actual Placement		Participants	Preschool/ Head Start Participants
	Participants	14 82%	3 18%
	Preschool/ Head Start Participants	19 49%	20 51%

Overall percent agreement: 61%

Preschool Language Scale

The percent of agreement for classification by the Preschool Language Scale relative to actual placement is shown on Table 33. This process/procedure resulted in an 50% agreement for preschool eligible participants, a 91% agreement for State Preschool/Head Start participants, and an overall agreement of 78%.

Table 33
Placement by Preschool Language Scale
Relative to Actual Placement

		Procedure Placement	
Actual Placement		Participants	Preschool/ Head Start Participants
	Participants	8 50%	8 50%
	Preschool/ Head Start Participants	3 9%	32 91%

Overall percent agreement: 78%

Boehm Test of Basic Concepts

The percent of agreement for classification by the Boehm Test of Basic Concepts relative to actual placement is shown on Table 34. This process/procedure resulted in an 82% agreement for preschool eligible participants, a 26% agreement for State Preschool/Head Start participants, and an overall agreement of 43%.

Table 34
Placement by Boehm Test of Basic Concepts
Relative to Actual Placement

		Procedure Placement	
		Participants	Preschool/ Head Start Participants
Actual Placement	Participants	14 82%	3 18%
	Preschool/ Head Start Participants	29 74%	10 26%

Overall percent agreement: 43%

Language Sample

The percent of agreement for classification by the Language Sample relative to actual placement is shown on Table 35. This process/procedure resulted in an 82% agreement for preschool eligible participants, a 70% agreement for State Preschool/Head Start participants, and an overall agreement of 74%.

Table 35

Placement by Language Sample Relative to Actual Placement

		Procedure Placement	
Actual Placement		Participants	Preschool/ Head Start Participants
	Participants	14 82%	3 18%
	Preschool/ Head Start Participants	11 30%	26 70%

Overall percent agreement: 74%

Discriminant Analysis

A Stepwise Multiple Discriminant Analysis was performed on the data generated from the pilot study. This statistical procedure is designed to identify those variables which maximally discriminate between two or more a priori groupings of subjects. The variables identified through this procedure are orthogonal, or uncorrelated to each other. The F statistic was used to determine those variables which contribute significantly to the discriminant function.

A stepwise method was employed in this analysis. In this method, the first variable identified is the variable which will maximally separate the two groups. The procedure then looks for the next best variable which will add significantly to the discriminant function but which is uncorrelated to the first. This process is iterative until no additional variables will add significantly to the discriminant function. Variables allowed to enter into the analyses were:

1. Expressive One Word Vocabulary Test - Language Age
2. Peabody Picture Vocabulary Test-Revised - Age Equivalent
3. Goldman-Fristoe Test of Articulation - Percentile Rank
4. Preschool Language Scale - Auditory Comprehension Quotient
5. Preschool Language Scale - Verbal Comprehension Quotient
6. Preschool Language Scale - Language Quotient
7. Test of Auditory Comprehension of Language-Revised - Age Equivalent
8. Sequenced Inventory of Communication Development - RCA
9. Sequenced Inventory of Communication Development - ECA
10. Boehm Test of Basic Concepts - Percentile Rank

The a priori classification for the two groups was preschool special education eligible participants and State Preschool/Head Start participants.

The first variable to enter into the discriminant function was the Expressive One Word Vocabulary Test-Language Age (Table 36). This variable was the single best prediction of group membership and yielded an overall agreement of 77% as to the actual vs. predicted classification of subjects. For the special program participants, the agreement was 67% and for State Preschool/Head Start participants, the agreement was 82% (Table 37).

The second variable to enter into the discriminant function was the Peabody Picture Vocabulary Test-Revised - Age Equivalent Score. The addition of this variable resulted in an overall agreement of 75 percent between actual and predicted placement (Table 38). For preschool eligible participants, the agreement was 83% and for State Preschool/Head Start participants, the agreement was 72%. None of the remaining variable entered significantly ($P < .05$) into the function, that is, they were unable to contribute information which would further define or separate the two groups.

This pilot study was designed to field test methodology which will be used in the study during 1989-90. Therefore, statistical results from the stepwise discriminant analysis should be viewed with extreme caution, and the results/findings should not be implemented at this time.

Table 36

**Summary of Results of Step-Wise Discriminant
Analysis**

Variables in the analysis:

Step 1	Expressive One Word Vocabulary Language Age	29.50
Step 2	Peabody Picture Vocabulary Test-Revised Age Equivalent	5.42

Variables not in the analysis:

Goldman-Fristoe Test of Articulation	0.19
Preschool Language Scale Auditory Comprehension Quotient	0.48
Preschool Language Scale Verbal Comprehension Quotient	0.77
Preschool Language Scale Language Quotient	0.70
Test of Auditory Comprehension of Language	0.28
Sequenced Inventory of Communication Development Receptive Communication Age	0.31
Sequenced Inventory of Communication Development Expressive Communication Age	0.83
Boehm Test of Basic Concepts	0.01

Table 37

**Classification Results Based on Discriminant Function Using
the Single Best Predictor of Group Membership**

Expressive One Word Vocabulary Test

Language Age

		Predicted Placement	
		Participants	Preschool/ Head Start Participants
Actual Placement	Participants	12 67%	6 33%
	Preschool/ Head Start Participants	7 18%	32 82%

Percent Agreement: 77%

Table 38

**Classification Results Based on Discriminant Function Using
the Peabody Picture Vocabulary Test - Revised**

Age Equivalent Score

and

Expressive One Word Vocabulary Test

Language Age

		Predicted Placement	
		Participants	Preschool/ Head Start Participants
Actual Placement	Participants	15 83%	3 17%
	Preschool/ Head Start Participants	11 28%	28 72%

Percent Agreement: 75%

Related Findings

Related Findings

Preschool Regular Program Settings

- What are the settings available for 3-, 4-, and 5-year olds in your LEA (e.g., Head Start, State Preschool)? This includes both regular children and those in need of special education services.

Table 39

Preschool Regular Program Settings Available to Regular and Special Education 3-, 4-, and 5-Year Olds

<i>Settings</i>	<i>Rural</i>	<i>Urban</i>	<i>Suburban</i>	<i>Total</i>
Head Start	16	14	13	43
Private Preschool	15	13	15	43
State Preschool	17	15	11	43
Day Care Centers	11	11	8	30
Home Based	6	2	2	10
Parent Cooperative Preschool	1	--	5	6
Church Affiliated	2	2	--	4
Parks and Recreation Center	1	--	3	4
District Operated Regular Preschool	3	--	--	3
Children's Hospital	--	--	3	3
High School Child Development Center	--	--	2	2
College Preschool	1	--	--	1
Migrant Labor Camp Day Center	1	--	--	1
After School Program	--	1	--	1

The respondents indicated that they are all providing a variety of settings available to 3-through 5-year-old regular children, and to those in need of special education and services. Head Start, State Preschool, Private Preschool, and Day Care Centers are the most numerous options provided by the local sites. It is noted that one local site has organized a Day Care Center in a Migrant Labor Camp.

Service Delivery Settings

How do the various service delivery settings operate?

This question was asked of the respondents during the on-site interviews. Responses provided indicate that a number of service delivery settings are available for children eligible for non-intensive services as indicated in the table below.

Table 40
Service Delivery Settings

<i>Settings</i>	<i>Rural</i>	<i>Urban</i>	<i>Suburban</i>	<i>Totals</i>
State Preschool (in class)	17	12	11	40
Private Preschool (in class)	15	6	5	26
Head Start (in class)	16	5	0	21
Home Based	6	3	9	18
Pull-out Program	0	5	10	15
Day Care Center	10	1	0	11
Special Center Program	1	2	5	8
District Operated Preschool	3	0	0	3
Church Affiliated	2	0	0	2
Migrant Labor Camp Day Center	1	0	0	1
After School Program	0	1	0	1
Parent Cooperative Center	1	0	0	1

Services provided in state and private preschools are the most common delivery settings available for 3- through 5-year-old children eligible for special education and services. Head Start, home based programs, pull-out programs, and day care centers are other common service delivery settings.

What percent of the children are in the various delivery settings?

Most of the respondents had difficulty in providing this information with complete accuracy because they have not kept these kinds of statistics. The percentages in Table 41 are approximate figures provided to the Team.

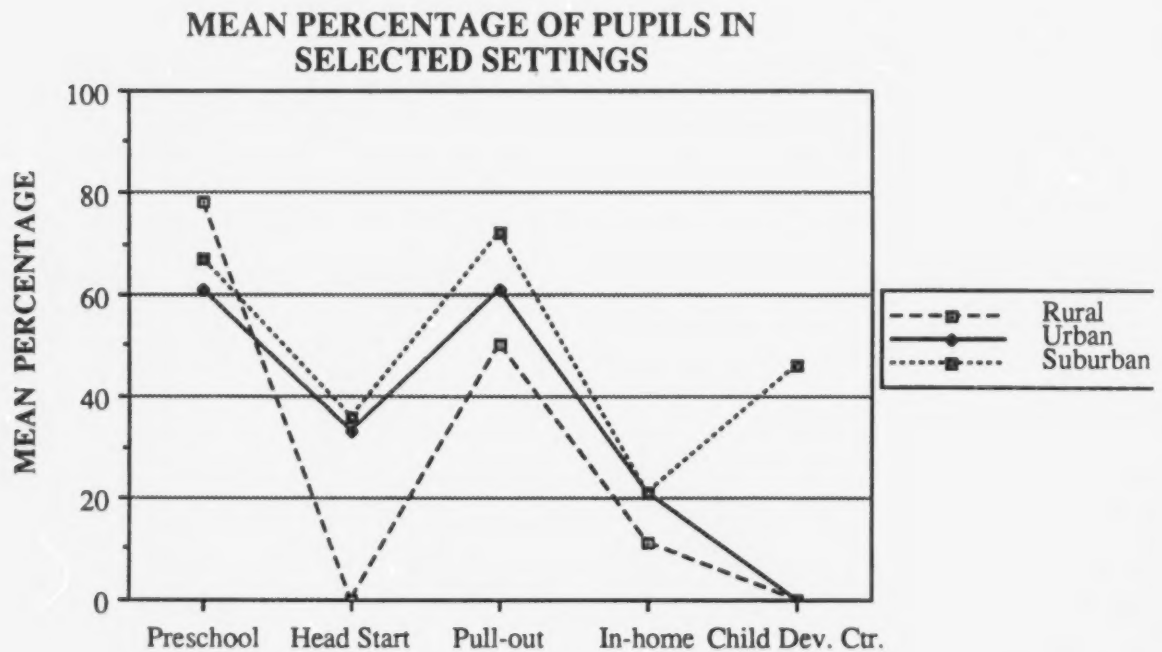
Table 41

Percentage of Participants in Selected Delivery Settings

<i>Settings</i>	<i>Rural</i>		<i>Urban</i>		<i>Suburban</i>	
	Range	Mean	Range	Mean	Range	Mean
State Preschool (in class)	20%-100%	78%	50%-80%	61%	2%-95%	67%
Head Start	0	0	33%	33%	2%-80%	36%
Pull-out	25%-80%	50%	25%-100%	61%	10%-100%	72%
In-home	5%-20%	11%	16%-25%	21%	3%-50%	21%
Child Develop. Center	0	0	0	0	10%-95%	46%

The above table indicates the extreme range of the percentage of children being served in each service setting by area classification (rural, urban, suburban). The mean percentage of this range is presented by classification in the following graph:

Figure 4



Special Education Label

How could we avoid the stigma of a special education label as a child transitions to regular education?

Children who receive special services are often looked upon by receiving teachers as "different." This way of thinking may result in an attitude of low expectations of the child by the teacher, and may exclude the child from the mainstream of the instructional program. This is more likely to happen in the upper grades because of the lack of understanding of the program.

In researching this problem, the study team raised this issue with members of the local site transdisciplinary teams that were visited for the on-site interviews.

The respondents indicated that their children were not being "stigmatized" when they were transitioned from the program to a regular kindergarten because of the understanding and support of the program by the kindergarten teachers. However, when asked how the teachers in grades three and above might view these children, they basically agreed that there might be discrimination toward the child primarily because the lack of awareness of the program on the teacher's part might cause him/her to focus on the words "special education."

When the question of how to avoid the stigma was discussed, there was general agreement that they would like to see the name changed from special education services to either Preschool Prep Program or to Early Intervention Program. Either title appears to be acceptable to the local sites team members interviewed during the on-site visitations. Over and over again, the Study Team was told that it is inappropriate to label these 3- and 4-year olds as in need of special education because of the difficulty in measuring accurately children of that young age. A number of teams interviewed recommended that the early education years be part of the regular school program. This would assure continuity of school services, and would not place a label on the child.

Following are statements received from three sites indicating how they have coped with the issue of the stigma of a special education label:

- "We suggest that we need to look at this as a preventative service, not a remedial service. People need to be alert to labeling young students as this can cause problems for the child."
- "Our experience has been that these students are not 'stigmatized' when they move from the 'NON-RIS' program to a regular kindergarten. There are three reasons for this observation: families perceive the program in a most positive light; the students are not being "removed" from another educational setting to receive services; the 'NON-RIS' program has not been seen as a 'special education' program, but as a preschool program."
- "In our district, the 'stigma' of a special education label, especially for a 'NON-RIS' student, is virtually non-existent. We are committed to serving students in the least restrictive environment utilizing all the categorical services available. Therefore, the fact that a student received DIS services as a preschooler will have little if any impact on how a teacher views his ability in second grade, for example."
- "We have avoided the stigma as much as possible by not using any words such as 'special education' or 'handicapped' at all. We try to affiliate ourselves with the 'regular' community and preschools as a 'Supportive Service Team' giving support to families and preschool teachers. In most instances, we ask the parents if they want the information in their child's file to go on with their child or not. There is no 'pull out' service done for the 'NON-RIS' children--they are served with all their peers in their regular preschool class. Care is taken to not single out these children when doing service with peers. One exception is made when the social worker sees the child for play therapy (usually these children are already stereotyped negatively within their classroom environment and play therapy is considered positive special attention by all the children in the class). We also try to be more strength oriented than deficit oriented and look at the child's learning style and work through this style in teaching and imparting this knowledge to the teacher and parent."

Commendations

The Study Team Commends:

- The transdisciplinary teams for their efforts in the identification of preschoolers in need of these expanded services.
- The transdisciplinary team members visited for their enthusiasm and their dedication to the preschool program.
- The local site staff for the friendliness and cooperation that they demonstrated to the visiting study team members.
- The local site management for providing bilingual support to teachers.
- The well-informed district personnel/SELPA directors who are providing leadership and support to the program.
- The local site staff for the concerted effort made to include parents in the identification and placement of their children.
- The local site staff for the training that they provide to parents in order that they will be in a position to work with their children at home.

Major Findings and Recommendations

Findings and recommendations presented below relate to preliminary activities necessary prior to the evaluation of the effectiveness of the eligibility criteria specifically. Findings and recommendations dealing with the evaluation of the effectiveness of the eligibility criteria will be covered in the Stage 2 report.

Eligibility Criteria

1. Finding

A pilot study designed to determine the efficacy of the methodology and procedures to be employed in a study to evaluate the effectiveness of the eligibility criteria used for the identification of preschool children with exceptional needs has demonstrated that the subsequent study will yield relevant data.

Recommendation

It is recommended that the pilot study be expanded to include sites representative of both the geographic and ethnic diversity of the state. It is further recommended that the handicapping condition of "Learning Disabled" be included along with the "Language/Speech" handicapping condition. Finally, it is recommended that the study incorporate more clinical interview/observation data.

2. Finding

There is general agreement that one of the crucial factors in determining eligibility for preschoolers is close scrutiny of development data/profiles. Such data are, however, not always agreed upon nor utilized uniformly in the decision-making process.

Recommendation

It is recommended that the State Department of Education disseminate normative developmental data for preschool children and provide training activities to assist in the appropriate identification of preschool children in the application of eligibility criteria.

3. Finding

There is general agreement among respondents that it is difficult to identify 3 and 4 year olds as learning disabled [California Administrative Code, Title 5, 3030 (j)]. A majority of sites visited assume normal cognition in determining the required discrepancy and only approximately 10%-20% link such a discrepancy to a psychological processing disorder.

Recommendation

It is recommended that the State Department of Education develop written guidelines specific to the identification of learning disabled preschool pupils. Such guidelines should include:

- 1) Assessment indicators that would support an assumption of normal cognitive functioning.
- 2) Assessment indicators differentiating psychological processing functioning expected of 3- and 4-year olds from functioning deviating from those expectations.

4. Finding

All sites believe that the most effective way to make decisions about children is through a comprehensive approach using data from a variety of sources. However, this practice is not always followed.

Recommendation

It is recommended that the practice of gathering data from a variety of sources relative to the child's total ecology prior to making eligibility decisions be fully implemented.

5. Finding

There is general agreement that eligibility criteria developed and implemented by local site teams in the state are flexible. This is preferable to 86% of the sites while 14% feel that this flexibility can cause eligibility problems.

Recommendation

It is recommended that the criteria used by sites to determine child eligibility conform to that of the state and be written in specific terms, but that clinical observation/interview and judgment be crucial ingredients in the decision-making process.

6. Finding

A total of 253 instruments/procedures were identified as in use by local site assessment teams to determine eligibility into the program.

Recommendation

It is recommended that the local assessment team members carefully review each instrument/procedure used as part of their assessment procedure to assure that the instruments used in the identification of preschool children are appropriate to the population.

7. Finding

Over 80% of the sites visited indicated great difficulty in differentiating between a delay due to a handicapping condition and delays due to other environmental/experiential factors.

Recommendation

It is recommended that experiential factors should be taken into consideration in determining need for and eligibility for special education services especially for 3- and 4-year-old pupils.

8. Finding

Site assessment team members are increasingly concerned over growing numbers of 3- through 5-year-old children who are drug and/or alcohol exposed.

Recommendation

It is recommended that administrators and staff involved in early childhood education receive inservice training specifically for the identification and meeting of instructional needs of drug exposed children who meet eligibility criteria for special education services.

It is further recommended that the site teams refer children identified as suffering from suspected fetal alcohol syndrome or drug exposure to local community agencies/providers for any needed services.

9. Finding

It would appear that Hispanics and Blacks are over-represented in the pool of referrals and that Whites and Others are under-represented in the referral pool.

Recommendation

It is recommended that all sites carefully examine the identification process that they have in place to guard against over ethnic representation of children from different ethnic groups.

It is further recommended that efforts be made to expand the pool of referrals.

10. Finding

Transdisciplinary teams are making decisions about children whose culture is different than the dominant society. Often standards or expectations for the child conflict with the values of the child's ethnic background.

Recommendation

It is recommended that the concerted effort being made by local school administrators and staff to become well versed in the values and the culture of the minority groups settling in their communities continue.

11. Finding

Local site managers find it difficult to hire certificated language specialists who have a working knowledge of the languages that are being spoken in their communities. This has made it necessary for program managers to hire community members with little or no educational experience to serve as translators/interpreters for the assessment team during the testing period. This has caused some concern among the local assessment team members because it is not known how accurately the translation is taking place; nor does the assessment team know if the translator is giving clues to help the children come up with the correct responses.

Recommendation

It is recommended that local districts who have in attendance children whose language and culture are unique to their community provide inservice training classes for their staff to help them better understand the culture and value system of the ethnic group served.

It is recommended that, whenever community members are hired to serve as interpreters/translators during the assessment process, that these individuals, as well as assessment team members, receive special training on how to perform this important task properly.

12. Finding

In the majority of sites, local staff work closely with parents and provide them support and training in order that they may reinforce in the home the learning that had taken place in class

Recommendation

It is recommended that all sites provide ongoing training and communication that will permit the parents to reinforce at home the learning that takes place in the classroom.

Preliminary Findings/Recommendations on Transition/Training

13. Finding

Sixty-seven percent of the respondents have a management information system that tracks the placement/transitioning activities of children who meet eligibility criteria for special education services. Thirty-three percent indicated that they do not yet have such a system in operation.

Recommendation

It is recommended that all sites develop and implement a pupil tracking system that will permit the storage and retrieval of information relative to transition and long term pupil placement.

14. Finding

Of the 66 site teams interviewed, 54 indicated that the IEP team determines when a child should transition into regular education (kindergarten), while 12 said that they use chronological age as the sole criterion.

Recommendation

It is recommended that a comprehensive approach be adopted by all sites as a means of determining when a child should be transitioned to the regular education program.

15. Finding

Sixty-four percent of the respondents indicated that there is little or no communication existing between teachers who served the children eligible for special education services and the receiving teacher in the regular program.

Recommendation

It is recommended that a system of communication between the sending and receiving teachers be established in all sites.

16. Finding

The majority of site administrators and staff expressed concern of a possible stigma associated with the label of special education relative to children determined as eligible for these special education services. These individuals reflected similar concerns on the part of the child's parents.

Recommendation

It is recommended that funding for these services be retained within special education but that these services should be considered a regular education alternative. Such a recommendation would require legislative change.

Appendix

Referral Sources

<i>Sources</i>	<i>Frequency of Referral by Rank Order</i>							<i>Total</i>
	1	2	3	4	5	6	7	
Parent	45	16	7	8	3	2		81
District Pre-Kindergarten Classes	11	19	8	6	4			48
Private Preschools	10	15	9	8	1		1	44
Physician's Office (Pediatrician)		4	15	9	10	2		40
Health Department (Agencies)		5	9	9	7	5	1	36
Clinics (i.e., City of Hope, Easter Seal Society)	1	6	5	10	6	4		32
State Preschool	14	7	9	1				31
Head Start	6	7	8	4	3			28
Friends of Parent (Neighbors/Relatives)	2	2	4	6	5	2	1	22
Child Development Center	3	10	5	4		1		23
District Specialists (Psychologists/ Language)	1	3	1	6	7	2	1	21
Regular Centers	1	5	4	4	2	1		17
Infant Programs (Day Care, etc.)		2	7			2		11
Preschool Search & Serve Study Team	2	3		3	1			9
Hospitals	1	3	1	2				7
Neighboring Districts	1			1	3			5
Private Speech Clinicians						2		2

***Tests/Scales/Procedures/Techniques
Reported by sites in the area of:
Language/Speech Development***

	<i>Frequency of Sites</i>
Language Sample.....	89
Peabody Picture Vocabulary Test--Revised.....	75
Observation	65
Preschool Language Scale--Revised	54
Expressive One Word Picture Vocabulary Test.....	49
Parent Interview	46
Goldman-Fristoe Test of Articulation.....	40
Test of Auditory Comprehension of Language--Revised.....	32
Sequenced Inventory of Communication Development.....	28
Language Test-Preschool.....	22
Assessment of Phonological Processes.....	21
Teacher interview.....	20
Structured Photographic Expressive Language Test (SPELT-P).....	18
Boehm Test of Basic Concepts--Preschool	16
Receptive One Word Picture Vocabulary Test	16
Arizona Articulation Proficiency Scale.....	14
Photo Articulation Test	11
Clinical Judgement	10
Test of Early Language Development (TELD).....	9
Brigance Preschool Screening	9
Weiss (Eng.).....	9
Medida Española de Articulación (MEDA-Spanish)	9
Alpern-Boll-Developmental Profile II.....	8
Test of Language Development-Primary	7
Detroit Test of Learning Aptitudes	6
Preschool Language Assessment Instrument (PLAI).....	6
Receptive/Expressive Emergent Language Scale	6
Assessment of Children's Language Comprehension	5
Battelle Screen	5
Denver Developmental Scale.....	5
Interview (unspecified).....	5

EPSF/EISS	4
Fluharty Preschool Speech & Language Screening Test	4
Test for Examining Expressive Morphology.....	4
Developmental History	4
Riley Articulation and Language Test.....	4
Fisher-Logemann Test of Articulation	4
Developmental Scales.....	4
Del Rio - Eng./Sp.	3
Spontaneous Speech Sample.....	3
Imitation Screening Test.....	3
Oral Language Sentence	3
Patterned Elicitation Syntax Test (PEST).....	3
Oliver	2
Vineland Social Maturity Scale--Revised.....	2
Percentage of Intelligibility.....	2
Informal diagnostic play activities.....	2
Boston Sound Discrimination Test.....	2
Oral Motor Exam	2
Structured Photographic Expressive	2
A Test of Pragmatics	2
Vineland Adaptive Behavior Scale (ABS).....	2
Communication Screen	2
Reynell-Zinkin Developmental.....	2
Kindergarten Readiness Test.....	2
Elicited Articulatory System Evaluation (EASE)	2
Bayley Scales of Infant Development.....	2
Learning Accomplishment Profile - Language Section	2
Picture Articulation Test.....	2
Composite Development Scales	2
Test of Minimal Articulation Competence	2
Hawaii Early Learning Profile (HELP).....	2
Parent Interview/Language Sample	1
Templin Darley	1
Laryngeal Exam	1
Stuttering Frequency.....	1
Bankson Language Screening Subtests.....	1

Speech and Language Tests in Spanish.....	1
Merrill-Palmer Scales	1
Cognitive Abilities Scale.....	1
Verbal Opposites	1
Vocabulary Comprehension Scale.....	1
Visual Motor Integration (VMI); Preschool Language Scale.....	1
Articulation Testing	1
Test De Vocabulario En Imagenes Peabody (TVIP)	1
Clinical Evaluation of Language Functioning (CELF).....	1
Khan/Lewis Phonological Analysis.....	1
Los Angeles System for Screening.....	1
Vocabulary Test	1
Illinois Test of Articulation.....	1
Behavior Characteristic Profile (BCP).....	1
Informal - i.e., Oral Lang. Retelling	1
Utah Test of Language Development	1
Informal Peripheral ORAL	1
Austin Articulation Test.....	1
Fisher-Logemann Test of Articulation	1
Illinois Test of Psycholinguistic Ability (ITPA)	1
BANGS Vocabulary Comprehension Scale.....	1
Assessing Semantic Skills through Everyday Themes (ASSET).....	1
Toronto	1
Oral Peripheral.....	1
Fluency Assessment	1
Parent-Child Interaction	1
Goldman-Fristoe-Woodcock Auditory Skills (GFW)	1
Comprehensive Identification Process (CIP).....	1
Houston	1
Oral Motor Structure and Function.....	1
MCOE - Preschool Speech and Language Screening Test	1
Pre ABACUS.....	1
Coffe Checklist	1
Play Scales	1
Spanish Lang. Assessment Procedures.....	1
Parent questionnaires.....	1

Screening test	1
Diagnostic teaching.....	1
Southern California Ordinal Scales of Development	1
Informal diagnostic play activities.....	1
Medical observation	1
Work with child one to one	1
Diagnostic therapy.....	1
Oral motor mechanism exam.....	1
Medical/agency consultations	1
Checklist developed by program	1
Comprehension of directions	1
Pragmatic Skills	1
Bilingual interpreters.....	1
Parental Rating Scales	1
Communication Evaluation Chart	1
Parent Log for Week.....	1
Analysis of nouns, verbs.....	1
Information questionnaires.....	1
Chicago Early Assessment	1
Play Assessment Scale.....	1
Percentage of Intelligibility.....	1
Oral Motor Screen.....	1
Pragmatic Protocol	1
Westby Play Scale.....	1
Narrative Analysis.....	1
Assessment of Phonological Processes.....	1
Oral Motor Exam.....	1
MLU/Language Sample Analysis (Mean Language Utterance).....	1
Bilingual children: Refer to ESL Program for evaluation by bilingual person	1

**Behaviors Identified in the Area of:
Language/Speech Development**

	<i>Frequency of Sites</i>
Behavior indicating delayed development	18
Unintelligible speech.....	13
Mean Length of Utterance (MLU).....	10
Inability to follow directions	4
Not able to communicate	4
Not using phrases of 2 or more words	3
Inappropriate pragmatics.....	3
Child stands out from peers.....	3
Sentence Length	2
No functional application of skills.....	2
Peer/adult interaction.....	2
Cannot make needs known.....	2
Inappropriate pitch	2
Lack of language skills	2
Short attention span	2
Demonstrates low frustration tolerance when trying to communicate.....	2
Range of vocabulary.....	2
Lack of spontaneous speech	1
Non-verbal	1
Expressive vocabulary.....	1
Progress is minimal	1
Relevancy of verbal responses.....	1
Single sound reproduction ability breaks down in sentences.	1
Pronouns objective and subjective	1
Process only last element.....	1
Non-participation in communication activities.....	1
Delayed onset of language.....	1
Inappropriate behavior at home.....	1
Percentage of time they are understood by friends.	1
Articulation errors (developmental).	1
Variable language behaviors.	1
Multiple articulation errors, inappropriate syntax.....	1

Tests/Scales/Procedures/Techniques
Reported by sites in the area of:
Motor Development (Gross/Fine)

	<i>Frequency of Sites</i>
Observation	60
Brigance (preschool).....	36
Developmental Test of Visual-Motor Integration	31
Parent Interview	25
Battelle Developmental Inventory	19
Peabody Developmental Motor Scale--Revised.....	15
Teacher Interview	13
Vineland Adaptive Behavior Scale (ABS).....	12
Clinical Judgement	10
Bruininks-Oseretsky Test of Motor Proficiency	9
Alpern-Boll-Developmental Profile II/Physical Age	9
Southern California Ordinal Scales of Development.....	8
Denver Developmental.....	8
McCarthy Scales.....	6
Draw-A-Person.....	4
Development Scales.....	4
Bender Visual Motor Gestalt.....	4
EPSF/EISS.....	3
Draw-A-Man.....	3
Basic Motor Ability Test.....	3
Preschool Motor Assessment Scale (LAUSD).....	3
APE Assessment Scale	3
Umansky Infant-Preschool Assessment and Prog. Guide	3
Gesell Developmental Schedules-Preschool Test.....	3
Motor Free Visual Perception.....	3
Bayley Scales of Infant Development.....	3
Developmental History	3
Michigan.....	3
Hawaii Early Learning Profile (HELP).....	3
Minnesota Child Development Inventory.....	2
Miller Assessment.....	2

Chicago EARLY.....	2
Informal interactions.....	2
Gross Motor Maturity Scale.....	2
Interview (unspecified).....	2
Work Samples.....	2
Records.....	2
Learning Ability Profile (LAP-D).....	2
Doctor's Examination/Medical Report.....	2
Learning Accomplishment Profile.....	1
Motor Screening.....	1
Tulare County Early Intervention Assessment.....	1
D.A.T.A. (Headstart checklist).....	1
Arizona Articulation Proficiency Scale.....	1
Motor Activity Scale EPS.....	1
Occupational Therapy Battery: Including ROM - Muscle Tone and Sensory Integration Skills.....	1
ABACUS.....	1
Portage.....	1
Leiter International Performance Scale.....	1
Quick Neurological Screening Test.....	1
Merrill-Palmer Scales.....	1
Cognitive Ability Scale.....	1
Developmental Activities Screening Inventory DASI).....	1
Clark Motor Developmental Scale.....	1
California Fitness Test.....	1
Alameda Placement Test.....	1
Gross Motor Screening.....	1
Behavior Characteristic Profile (BCP).....	1
Stanford-Binet.....	1
Cooperative Preschool Inventory.....	1
Child's drawings.....	1
Koontz Child Development Program Scale.....	1
Interaction.....	1
Piagetian Tasks.....	1
Work with child one to one.....	1
Adapted Physical Education Specialists.....	1

Primary Motor Evaluation.....	1
Kindergarten Screening (KST).....	1
Informal Play Assessment.....	1
Medical/Agency consultations	1
Present level screen	1
Agency reports.....	1
Bayley Scales of Infant Development.....	1
Callier - Azusa	1
Cooperative Preschool Inventory.....	1
Communication Evaluation Chart.	1
Clinician devised tasks.....	1
Referral to Regional Center	1
Reports	1
Occupational Therapist/Physical Therapist	1

Behaviors Identified in the Area of:
Motor Development (Gross/Fine)

Frequency of Sites

Gross Motor Skill behaviors (including balance, coordination, hop, run, ball handling, etc.)	10
Behaviors indicating delayed development.....	8
Fine Motor Skill behavior (including pencil, scissor, buttoning, bead stringing, etc.).....	4
Play behavior levels.....	2
Comparison with peers.....	2
Mid-line development.....	2
Observed behaviors	1
Inability to follow directions	1
Short attention span	1
Self help skills	1
Any stand-out behaviors.....	1
Determine object play pattern.	1
Obvious skill gaps and/or across the board delays.	1
Copy forms, draw a man.....	1
Use of Manipulative material.....	1
Engage in purposeful play with objects.....	1

Woodcock-Johnson Psycho-Educational Battery, Scales of Independent Behavior.....	8
Brigance Inventory.....	8
Interview (unspecified).....	7
Learning Accomplishment Profile.....	5
Draw a Person (DAP).....	4
Bayley Scales of Infant Development.....	4
The Southern California Ordinal Scales of Development.....	4
Developmental history.....	4
Hawaii Early Learning Profile (HELP).....	4
Preschool Language Scale (PLS).....	3
Denver Developmental Screening Test.....	3
Development Scales.....	3
Parent checklist/questionnaire.....	3
Agency reports.....	2
Minnesota Child Development Inventory.....	2
Personality Inventory for Children (PIC).....	2
Informal interactions.....	2
Sewell Early Educational Development (SEED).....	2
Anecdotal records.....	2
Pre-school Attainment Record (PAR).....	2
Merrill-Palmer Scales.....	2
Gesell Play Strategies Analysis.....	2
Koontz Child Development Program.....	2
Umansky Infant-Preschool Assessment and Program Guide.....	2
Vineland Social Maturity Scale.....	2
California Preschool Social Competency Scale.....	2
Behavior Rating Scales.....	2
Michigan Preschool.....	1
DIAL.....	1
Human Information Processing Survey (HIP).....	1
Autism Screening Instrument.....	1
Problem Solving Tasks - Observance of Cooperation, Checklist with age levels.....	1
Cognitive and Pre-academic Skills - Checklist of Cognitive/Pre-Academic Levels of Functioning.....	1

Koontz Child Development Program	2
Umansky Infant-Preschool Assessment and Program Guide.....	2
Vineland Social Maturity Scale	2
California Preschool Social Competency Scale.....	2
Behavior Rating Scales	2
Michigan Preschool	1
DIAL.....	1
Human Information Processing Survey (HIP)	1
Autism Screening Instrument	1
Problem Solving Tasks - Observance of Cooperation, Checklist with age levels.....	1
Cognitive and Pre-academic Skills - Checklist of Cognitive/Pre-Academic Levels of Functioning	1
Projective Measures.....	1
Kaufman Assessment Battery for Children (KABC)	1
Conner's Scale (Attention. Deficit).....	1
Questions from the CIP.....	1
Child Behavior Checklist.....	1
Children Apperception Test (CAT).....	1
Drawings	1
Myklebust Rating Scales	1
S.O.M.E. checklist for mainstreaming children into regular preschool classes.....	1
Behavior Characteristic Profile (BCP).....	1
AAMD Adaptive Behavior Scale (ABS).....	1
Projective Drawings.....	1
Play Assessment Scales	1
Portage.....	1
Evaluation of Preschool Social Skills.....	1
Behavior Measure - Expanded or Survey Form	1
D.A.T.A. (Headstart Checklist)	1
Tulare Co. Early Intervention Assessment	1
Preschool Language Assessment Instrument (PLAI)	1
Symbolic Play Scale Checklist.....	1
Social interaction	1
Home visit.....	1

Sociogram.....	1
Social/Emotional Checklist.....	1
Developmental norms.....	1
Informal activities	1
Medical/agency consultations.....	1
Present level screen	1
Focus and attention.....	1
Distractibility.....	1
Perseverative behavior.....	1
Callier - Azusa Scale.....	1
Cooperative Preschool Inventory.....	1
Ability to complete tasks.....	1
ABACUS.....	1
Rating Scales.....	1
Personality Inventory for Children.....	1
Informal questionnaires.....	1
Adaptive Behavior Scale.....	1
Wisconsin Test of Reading Scale Development	1
SOMPA Adaptive Behavior (ABIC).....	1
Charting behaviors	1

**Behaviors Identified in the Area of:
Social-Emotional/Adaptive Behavior**

	<i>Frequency of Sites</i>
Behaviors indicating delayed development.....	10
Cannot work with others	5
Self help skills	4
Atypical and/or delayed social-emotional behaviors.....	3
Poor ability to follow directions	3
Short attention span	3
Level of aggression.....	2
Acting out behaviors.	2
Level of concern	2
Shyness/reluctance to separate.....	2
Baby talk	1
Comparison with peers	1
Distractibility, number of times redirection is needed	1
Requires extensive one to one.	1
Response to peer/adults and play skills.....	1
Task initiation.....	1
Task persistence.	1
Total adult dependence.....	1
Teacher/family not coping with child.	1
Social relationships.....	1
Failure to engage in even parallel play by age 3.	1
Comparison to siblings.....	1
Fluency or stuttering problems.	1
Overly aggressive or withdrawn.....	1
Significantly abnormal and chronic behavior problems.....	1

Tests/Scales/Procedures/Techniques
Reported by sites in the area of:
Cognition/School Readiness

	<i>Frequency of Sites</i>
Observation	43
Brigance Diagnostic Inventory of Early Development	39
Kaufman Assessment Battery For Children.....	25
Leiter International Performance.....	23
Parent Interview	22
Stanford-Binet LM and BINET 4	21
Wechsler Preschool and Primary (WPPSI)	20
Teacher Interview	17
McCarthy Scales of Children's Ability	16
Battelle Developmental Inventory	16
Alpern - Boll Developmental Profile II	14
Clinical Judgement	9
Bayley Scales of Infant Development.....	8
Southern California Ordinal Scales of Development	6
Hawaii Early Learning Profile	5
Developmental Activities Screening Inventory (DASI)	5
Boehm Test of Basic Concept-Preschool.....	4
Vineland Adaptive Behavior Scales	4
Merrill Palmer Scales	4
Bracken Basic Concept Scale	4
Umanski Infant Preschool Assessment and Program Guide.....	3
Interview (unspecified).....	3
Koontz Child Developmental Program	3
School Readiness Assessment-EPSP.....	3
Michigan.....	3
Developmental skills checklist/schedules.....	3
DIAL.....	3
Draw-a-Man.....	2
Vineland Social Maturity Scale	2
Readiness tests like Santa Clara	2
Denver Developmental Test	2

Adaptive Behavior Scales	2
Informal assessment of problem solving strategies.	2
PRE-ABACUS	2
Developmental Test of Visual Motor Integration	2
Gesell Schedules	2
Piagetian Tasks	2
Developmental History	2
Learning Accomplishment Profile.....	2
Slosson	2
Woodcock Johnson Scales of Independent Behavior (SIB)	2
Cooperative Preschool Inventory	2
Cognitive Abilities Scale.....	1
Portage.....	1
Toher.....	1
Wachs Analysis.....	1
Test of Early Reading Ability (TERA).....	1
Test of Basic Experience (TOBE).....	1
Learning Ability Profile (LAP)	1
Burk's Behavior Rating Scale	1
Early Intervention for School Success (EISS).....	1
Miller Assessment for Preschoolers.....	1
Kraner Preschool Math Inventory.....	1
Kaufman Test of Educational Achievement (KTEA).....	1
Comprehensive Identification Process - Cognition Section	1
Preschool Language Scale.....	1
Kindergarten Readiness Test.....	1
Records.....	1
Readiness Report from Preschool Teacher.....	1
Diagnostic Teaching.....	1
Informal assessment of early language concepts	1
Informal Inventories	1
Informal play assessment.....	1
Anecdotal records	1
Informal activities	1
Medical/Agency consultations	1
Agency reports.....	1

Memory span	1
Callier - Azusa Scales.....	1
Cooperative Preschool Inventory.....	1
Clinician devised tasks.....	1
ABACUS.....	1
Informal assessment of readiness levels.....	1
Minnesota Child Development Inventory.....	1
Work sample.....	1
Curriculum based assessment presently being developed.	1
Informal problem solving assessment	1
Curriculum-based functional academic assessment	1
Informal cognitive assessment.....	1
MMSD Kindergarten Screener.....	1
Reports	1
Devised tasks.	1

**Behaviors Identified in the Area of:
Cognition/School Readiness**

	<i>Frequency of Sites</i>
Behavior indicating delayed development	12
Attention span.....	6
Comparison with peers	3
Observed behaviors	3
Does not know colors.....	3
Number of step directions.....	2
Way of counting.....	2
Evidence of discrepancies between cognitive functions and other areas....	2
No concept of numeration.....	2
Cannot repeat common rhyme	1
Cannot compare size differences	1
Speech/Language.....	1
Using manipulatives to isolate concepts	1
Unable to complete activities presented.....	1
Ability to function in a group setting.....	1
Does not master preacademic concepts.	1
Requires extensive one to one.	1
Difficulty drawing shapes and figures.	1
Skill checklist.....	1
Student anxious to learn within a learning environment.	1
Adaptive behavior, general knowledge, identifying information, concept formation.....	1
6-month delay refer for full evaluation.....	1
Perseverance, self-correction, organizational planning, memory.....	1
1-2 years below age level.....	1
Infantile speech, thought processing problems.	1
Specific skills based on curriculum requirements.	1
Peer Interaction and Attention Span.....	1
Social Interaction	1
Informal interactions	1
Problem solving activities	1
Use of materials and equipment.	1

***Tests/Scales/Procedures/Techniques
Reported by sites in the area of:
Sensory (Hearing and Vision)***

	<i>Frequency of Sites</i>
Nurse conducts hearing/vision tests.....	46
Observation	32
Parent interview	21
Audiometric screening	14
Health/Developmental history.....	13
Pure-tone screening	11
Referrals to outside agencies.....	8
Impedance testing	8
Physician referral.....	6
Medical reports	5
Response to voice, noisemakers.....	5
Teacher interview.....	5
Tympanogram	5
Audiology referral.....	3
Visual Motor Integration (VMI)	3
Agency reports.....	2
H.E.A.R. Kit	1
DOT Visual Acuity Test	1
Denver developmental	1
Motor Free Visual Perception Test	1
Portage.....	1
Titmus	1
Interview (unspecified).....	1
Brigance	1
Learning accomplishment profile.....	1
Adaptive Behavior Inventory for Children (ABIC)	1
MABIC.....	1
Records.....	1
Medical referrals.....	1
Otology	1
Family medical history.....	1

Referral to school nurse	1
Medical history	1
Music box activity with whole class	1

**Behaviors Identified in the Area of:
Sensory (Hearing & Vision)**

	<i>Frequency of Sites</i>
Comparison with peers	4
Response to auditory stimulus and visual stimulus.	2
Behavior indicating delayed development	2
Delay in speech	1
Inability to focus.....	1
Squinting	1
Eyes do not move together	1
Hold objects close to face	1
Child responds visually and/or auditorily	1
History of frequent ear infections with continuing hearing loss involved. .	1
Needs to be close to books or projects to see clearly.....	1
Squinting and rubbing eyes.	1
Language production poor, inability to see obstacles.	1
Turning head. Difficulty following directions.....	1
Fails 2 freq. @ 25 dB.....	1
Ability to effectively utilize vision and hearing in a natural settings.	1
Failure to respond to auditory/visual stimuli.	1
Evidence of sensory deficits.	1
History of auditory processing problems.....	1
Vision 20/40 either eye/Hearing +/- 25 dB assumed.....	1
Loss greater than 15 dB through speech frequencies with speech delay of 3 months +.....	1
History of ear infections, poor mobility skills.	1
Recurrent ear infections, overly loud voice, poor attending skills.....	1
Convergence	1

*Questionnaire and
On-Site Interview Forms*

*Preschool
Special Education Program
Questionnaire*

March 1989

Directions: This questionnaire is to be completed by the transdisciplinary team leader with input from all members. Please complete and return this questionnaire in the enclosed addressed and stamped envelope by March 31, 1989.

Completed by _____ Position _____

Name of Site _____ Telephone (____) _____

SELPA _____

1. Please list the sources that generate referrals of the NON-RIS preschool children who may be in need of non-intensive special education and services. (Examples: parents, neighbors, church, health clinic).

Please list the primary source first and list the others in descending order according to referrals.

Referral Sources

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

2. Please identify by discipline the members of your NON-RIS transdisciplinary team, and the roles that each participant plays in the assessment.

Items 3A through 3E are designed to determine your current formal and informal processes for determining eligibility of NON-RIS children, and for soliciting suggestions for improving the eligibility determination process.

- 3A. For the purpose of identifying children for non-intensive special educational services (NON-RIS), list tests/scales and criteria for eligibility for each developmental area in column A (e.g., Bayley, DIAL, language sample). In column B indicate all criteria specific to the tests/scales indicated in column A, which are used to decide whether a child requires special education services. Please do not merely cite Education Code/ Title 5 regulations. Some criteria may be objective (e.g., below the "x" percentile), while others may be subjective (e.g., clinical judgment).

Areas of Suspected Disability	A. Standardized Tests/Scales	B. Criteria for Eligibility
Language/ Speech Development		
Motor Development (Gross/Fine)		
Social-Emotional/ Adaptive Behavior		
Cognition/ School Readiness		
Sensory (Hearing & Vision)		

- 3B. When standardized tests/scales are considered invalid for children ages three to five years, indicate in column A all alternative means (e.g., scales, instruments, observations, and interviews) used to establish eligibility for non-intensive special education services. In column B indicate all behaviors specific to the techniques/procedures indicated in column A. Please give specific examples or rules-of-thumb used for each technique/procedure used to determine eligibility.

Areas of Suspected Disability	A. Technique/Procedure	B. Behaviors Identified to Determine Eligibility
Language/ Speech Development		
Motor Development (Gross/Fine)		
Social-Emotional/ Adaptive Behavior		
Cognition/ School Readiness		
Sensory (Hearing & Vision)		

- 3C. How does your team, in determining eligibility, differentiate between a child who is eligible for NON-RIS services and a child who is only showing maturational delays or delays due to other environmental factors within the following categories:

Speech/Language _____

Learning Disability _____

Other (specify) _____

- 3D. What do you consider is or would be the most effective process/procedure to determine eligibility for NON-RIS children?

Speech/Language _____

Learning Disability _____

Other (specify) _____

- 3E. What suggestions do you have to improve the eligibility criteria used to identify NON-RIS children as stated in Education Code section 56441.11?

Speech/Language _____

Learning Disability _____

Other (specify) _____

Information Regarding 1987-88 and 1988-89 NON-RIS Children Served by the Transdisciplinary Team

4A. Please indicate the number of NON-RIS children, by age, served in the 1987-88 school year in the following three (3) categories. (Please use the March 1988 count).

1987-88

Age	Speech/ Language	Learning Disability	Other	Total Served
3 years				
4 years				
5 years				
Grand Totals				

4B. For the population at the left, please record numbers by sex and ethnicity.

Age		Hispanic	White	Black/Not Hispanic	Other	Total # Classified as LEP
3 years	M					
	F					
4 years	M					
	F					
5 years	M					
	F					

5A. Please indicate the number of NON-RIS children, by age, served in the 1988-89 school year in the following three (3) categories. (Please use the December 1988 count).

1988-89

Age	Speech/ Language	Learning Disability	Other	Total Served
3 years				
4 years				
5 years				
Grand Totals				

5B. For the population at the left, please record numbers by sex and ethnicity.

Age		Hispanic	White	Black/Not Hispanic	Other	Total # Classified as LEP
3 years	M					
	F					
4 years	M					
	F					
5 years	M					
	F					

Transitioning of 1987-88 NON-RIS Children Being Served by the Transdisciplinary Team

6. Indicate by current placement the numbers of last year's NON-RIS children (1987-88) in the following categories. Please use the March 1988 count. Children within an age range may be in more than one category (e.g., receiving both speech and learning disability services). Report the 1988-89 placement for only those children served in NON-RIS programs in 1987-88.

1988-89 Placements (as of December 1988 count)

1987-88 Services (as of March 1988 count)

Children who received services in 1987-88	Categories	receiving same or similar level of special education services	transitioned to more intensive special education services	no longer receiving special education services	data not available-- tracking system currently under development
3 years old (now 4 years old)	Speech/ Language				
	Learning Disability				
	Other				
4 years old (now 5 years old)	Speech/ Language				
	Learning Disability				
	Other				
5 years old (now 6 years old)	Speech/ Language				
	Learning Disability				
	Other				

Please return no later than **March 31, 1989** to:

Dr. John Plakos
Project Director
L.A. County Office of Education
9300 E. Imperial Hwy., Room 210
Downey, CA 90242

~ Thank You ~

Date _____

***Preschool Special Education Program
On-Site Interview Form***

Site _____ I.D. _____

District _____ County _____

Person(s) Interviewed

Position

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

Type of district: *(Circle One)*

Rural

Urban

Suburban

No. in Program by Age: 3 _____ 4 _____ 5 _____

Interviewed by: _____

REFERRAL

1. What are the service options available for all 3, 4, and 5 year olds in your LEA (e.g., Head Start, State Preschool)?

2. Is there any particular screening process that goes on before the referral?

Yes _____ No _____

If yes, please describe the process.

NON-RISE SERVICE OPTIONS

1. How do the various service options operate (e.g., a regular preschool setting, at home, pull out program, special center program)?

2. What percentage of the children are in the various options?

LEARNING DISABLED

1. For suspected learning disabled children, how do you identify psychological processing disorders?

2. How do you determine the required discrepancy between achievement and ability for suspected learning disabled?

3. Is there a difference in the discrepancy between 3, 4, and 5 year olds?

LANGUAGE/SPEECH

1. For a child from a non-English speaking home, how do you determine that the disability is not merely second language acquisition rather than a language disorder?
2. For a child with poor articulation or language delay, how do you differentiate between true delay and delays due to other environmental factors?
3. How do you determine the discrepancy for language disordered pupils?

OTHER HANDICAPS

1. What other kinds of handicapping conditions are you seeing?
2. How are those handicapping conditions determined?

TRANSITION

1. How will you determine when a NON-RIS child should transition from special education to regular education?

IMPROVEMENTS

1. In light of 3D and 3E of the questionnaire, how would your suggestions enable us to more effectively identify children who require NON-RIS special education services?
2. How could we avoid the stigma of a special education label as a child transitions to regular education?

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